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ORIGINAL DEPARTMENT.

LECTURE.

ATROPHIC NASAL CATARRH.

A CLINICAL LECTURE DELIVERED TO THE POST-GRADUATE CLASS AT THE UNIVERSITY OF PENNSYLVANIA.

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GENTLEMEN: There is a class of cases of nasal disease which has as yet received very little attention by writers and practitioners, and which, although not as commonly met with as other varieties, yet is frequent enough to merit our consideration. This class of cases is characterized chiefly by a peculiar penetrating odor emitted by the nasal cavities, which is sometimes so strong as to make the presence of the patient in a room almost unendurable. On account of this odor, the disease has been termed "ozæna" by the older writers, a term which is incorrect and misleading, as it merely implies one of the symptoms of the affection, viz.: the bad odor, and this may be present in other forms of nasal disease.

It will be best for you to examine this boy yourselves, to appreciate the pathological changes which have taken place in his nasal cavities, before we can discuss the treatment suited to this affection. You see that the posterior wall of the pharynx is extremely dry and shiny, without any elevation or enlargement of the follicles and glands which we are accustomed to see in the ordinary form of nasal catarrh. The rhinoscope shows the naso-pharyngeal cavity to be lined with large scabs of hardened secretion, so that very little can be seen of the mucous membrane. The posterior ends of the turbinated bones, as they project into the openings of the posterior nares, are thin, and where the mucous membrane can be seen through the coating of inspissated secretion, it appears pale in color. The same condition of things is seen in the anterior nasal chambers, which are occluded by large plugs of hardened secretion, and appear unusually wide, because the lower turbinated bone seems to be absent. Careful and persistent questioning fails to reveal any specific taint in the patient, and in fact he is almost too young to have acquired syphilis, being only fourteen years of age. What he complains of is obstruction of the nose, dryness of the pharynx, loss of sense of smell, and the stench from his nose.

What is the cause of this accumulation and inspissation of secretion, which, by becoming putrefied, produces the odor? The answer to this question is the key-note to the pathology of the disease, and also the guide in the rational treatment of the disease.

After thoroughly cleansing the nasal cavities, and removing the plugs of hardened mucus with copious streams of an alkaline solution, we see on inspection that the mucous membrane throughout the nasal cavities is in a state of atrophy, which affecting the turbinated bones also, has materially reduced their size, so that you can easily see the pharyngeal wall through the anterior nasal cavities. This atrophy affects chiefly the serous glands, which, as you know, are quite numerous in the nasal mucous membrane, and which, by their secretion when in a normal condition, makes the mucus thin and watery, so that

it can easily be removed by blowing the nose; when however, as in the case before us, they are atrophied, and their secretion reduced to a minimum, the mucus secreted by the mucous glands remains viscid, and clings to the surface of the mucous membrane, becoming rapidly desiccated by the current of air inspired through the nose. This atrophy of the mucous membrane, extending as it does up into the olfactory region, affects the terminal fibres of the olfactory nerve, and thus the loss of the sense of smell, which is a common symptom in these cases, is brought about.

The ozæna or stench may, however, be occasioned in other forms of nasal disease, by the accumulation and putrefaction of secretion behind swellings or tumors where by the ordinary means of cleansing the nose, by washing and blowing, it cannot be easily removed.

Ulcerations are rarely met with in this disease, although they are sometimes found, usually on the anterior portion of the cartilaginous septum. The general health of the individual has nothing to do with the causation of the disease, and its origin is as yet unexplained. It is likely, however, that it originates as a hypertrophic nasal catarrh, and rapidly passes into the atrophic stage, for we frequently meet with cases in which one side still presents the characteristics of the hypertrophic form, while the other side has already passed into the atrophied condition.

The treatment for atrophic nasal catarrh must be divided into two portions, viz., the removal of the accumulation of secretion and the disinfecting of the nasal cavities to remove the odor, and the stimulation of the mucous membrane, with a view to the regeneration of the serous glands.

This may be accomplished in the following manner: The nasal cavities are first cleansed with a copious stream of alkaline solution from the nasal douche; and let me tell you here, that this is the class of cases in which this much-abused instrument is not only applicable, but extremely useful without being harmful. If after this, any plugs remain in the nasal cavities, they must be removed with a pair of forceps, and the washing repeated until all secretion has been removed, as you saw me do in the case before us. The next step is to disinfect the nasal cavities. Various substances have been used for this purpose, such as permanganate of potash, chlorine water, tar water, carbolic acid solution, iodoform, and many others; but they all have either great disadvantages, or else are but partially effectual. Lately I have used a preparation called Listerine, which answers the purpose admirably, without having any of the disadvantages of other disinfectants. It is a combination of the essential oils of thyme, eucalyptus, gaultheria, and other plants, together with a small quantity of benzo-boracic acid, and should be diluted one-half with water when used by the atomizer. The immediate effect is to at once destroy the stench from the nose, and to substitute for it the odor of the oil of thyme, which is rather pleasant than otherwise. I am in the habit of using a spray of this solution before making an examination, or before I cleanse the nasal cavities of such cases, thus mitigating very materially the discomfort to myself arising from the stench. The patient is directed to cleanse his nose with a solution of two drachms of bicarbonate of soda to one quart of tepid water morning and evening, and to throw a spray of the Listerine solution into the nostrils after the cleansing. Treated in this manner, I have seen many cases in which the odor was barely perceptible after the lapse of three or four days, and remained in abeyance throughout the treatment. The oil of thyme and of eucalyptus, besides being disinfectants, have also a stimulating effect upon the mucous membrane, and thus aid in the second portion of the treatment.

The stimulation of the serous glands to a normal action may be brought about by a variety of remedies, such as astringents in various strengths; but in my experience the insufflation into the anterior nasal cavities of finely powdered nitrate of silver, diluted with starch powder, has given the best results. Where there is complete absence of the lower turbinated bones, the introduction of a wad of absorbent cotton, which is to remain until washed out, and then be re-introduced by the patient himself, often aids in the stimulation by continually irritating the mucous surface with which it is in contact. Next in effectiveness to the silver powders, I have found a weak solution of ferric alum in the form of a spray thrown into the nasal cavities, and the natural iron water of Cresson springs is peculiarly adapted for these cases.

A treatment such as this carried out for several months has given, in my hands, most satisfactory results.

The internal administration of small doses of bromide and iodide of potassium in combination, on account of their influence upon the nasal mucous membrane, will greatly aid the local treatment. At the same time we must look to the general health of the patient, and administer tonics when their use is indicated. Whenever practicable a change of air should be advised, and the

mountain resorts are preferable to the seashore in all cases of catarrhal inflammation of the upper air passages, especially where the climate is a dry one.

COMMUNICATIONS.

CLINICAL CASES OF PUERPERAL CONVULSIONS AND PUERPERAL ALBUMINURIA, WITH REMARKS.

BY LAMBERT OTT, M. D.,

Of Philadelphia.

[Read before the Northern Medical Association of Philadelphia.]

Mrs. J., primipara, aged 23, very large boned, stout, and fully six feet tall, passed through her pregnancy with very little disturbance. Labor came on at full time. I saw her in the evening at six o'clock, and found the os open the size of a twenty-five cent piece, and the vertex presenting in the first position. Everything progressed favorably till about three o'clock the next morning—nine hours after the inception of the labor—when the head remained fixed in the pelvic cavity, with no indications of it moving forward. Being refused the application of the forceps, I waited till four o'clock, and urged her to bear down with each pain. She now complained of headache, and of it being intensified during the pains. Just after a pain I called to her and she gave me no answer, which I supposed was due to the naps she was in the habit of taking in the interval between the pains. Another pain came, and she made quite a desperate effort at bearing down, when a violent convulsion occurred, beginning in the muscles of the face, then extending all over the body, and lasting a minute or more. Immediately after the spasm, she being unconscious, I delivered the child, alive, with the forceps, and was in the act of taking away the placenta, when the second spasm took place, producing a ghastly sight, twisting her around to a different side of the bed. By this time chloroform arrived, and I straightway began its administration. After being partially anæsthetized, I delivered the placenta without difficulty.

I then looked for signs of dropsy, and found none. Drawing a little urine and testing with heat, it was found to contain $\frac{1}{8}$ to $\frac{1}{4}$ albumen. Dr. F. being called in consultation, we decided to bleed to the extent of thirty ounces, to give $\frac{1}{2}$ gr. of morphia hypodermically, and 2 gtts. of croton oil, which was done; the chloroform being lightly given when twitching of the facial muscles was apparent. She regained consciousness eight hours after the first convulsion, and all up to that time was blank. The albumen rapidly disappeared from the urine; and, excepting a slight attack of septicæmic fever, she made a perfect recovery. I questioned her closely afterward in regard to the existence of symptoms pointing to kidney disease. She denied having noticed any save a slight swelling of the ankles, and in other respects she says she could not have felt better.

Case No. 2 was under the care of a very able physician, who was kind enough to give me the following verbal report: Mrs. M., aged 25, primipara, of a naturally healthy constitution, seemed to get along well till the beginning of the ninth month of her pregnancy, when an insufferable headache came on. Her urine was examined and found highly albuminous; later, a moderate amount of dropsy set in. Wet cupping to the back of the neck, dry cups over the kidneys, brisk hydragogue purgatives and diuretics were ordered, with relief of all the symptoms save the albumen, which remained in considerable quantities. She was kept under close observation, and whenever the symptoms became aggravated the remedies were pushed, with prompt relief. Her confinement passed over without any difficulty till the morning of the second day, when she complained of a return of the severe headache. The urine contained albumen. Purgatives and diuretics having been continued in moderation, were again used, but not with decided relief. In the evening of the second day after the confinement, her headache became aggravated. Wet cupping was again ordered. The cupper reached the house fifteen minutes sooner than the physician, and she requested him to wait until the doctor arrived. Just as the physician rang the bell she remarked, "'Tis the doctor; I know his ring," and when he reached the door of her room, she turned her head to look at him, and while in the act her eyes stared, neck became rigid, muscles of the face became convulsed, followed by a general spasm simulating a rigor of a minute's duration, in which she expired. The moment the physician noticed the staring and rigid countenance he opened a vein, but the blood made only a feeble attempt to flow; and while trying to induce a better spirting, she sank back dead, suffocated by spasm of the respiratory muscles, she never breathing once after the convulsion began.

Case No. 3. R., multipara, aged 35, did well during her pregnancy till the eighth month, when

she complained of her feet swelling and headache. The urine contained ⅓ albumen. The usual remedies—cups and depuratives—were resorted to with considerable relief. At the time of her confinement the urine contained some albumen. Labor terminated in three hours, and everything was progressing favorably, when on the second day a severe headache and dimness of vision set in, with no fever, which only very active bleeding from the arm and depurative measures relieved. She convalesced soon. This same woman became pregnant about two years afterward, and having had a scare during the previous pregnancy, I made it a point to examine the urine every second week during the latter months. Just two weeks before the confinement her urine was tested, with negative results. Labor lasted four hours, and passed over favorably.

Two hours after leaving the house, a hasty message came, and I found quite a sudden change. The patient was propped up with pillows, expectorating bloody and frothy mucus; respirations 40 to 60 per minute; pulse 120 to 160; and all the signs of great danger. I hastily examined the uterus, which was well contracted; calmed her excitement; auscultating the chest posteriorly, I found diffused, large bronchial rales, showing pulmonary œdema. She was straightway dry-cupped, carbonate of ammonia, digitalis, and a brisk purgative were given. The urine was examined, and found to contain a moderate amount of albumen. The alarming symptoms passed over gradually, and in a week the urine contained no albumen.

Case No. 4. Primipara, aged 26, came to my office complaining of symptoms which directed my attention to the kidneys. Examining the urine, it contained one-half albumen. I prescribed, and ordered her to return in three or four days, which she did not do. The case escaped my memory until a call came for confinement. It turned out to be an instrumental delivery, and after all was over, I asked her how she got along after leaving my office. She answered: "I felt so well that I did not get your medicine; there is the prescription on the mantel." The urine now contained no albumen.

Case No. 5. Multipara, aged 32, in her seventh month of pregnancy, became enormously dropsical; even the eyelids and upper extremities were very much swollen. The urine was fully one-third albumen, and only a pint daily was passed. She suffered no inconvenience, no headache, etc., till the eighth month, when quickening ceased, and soon afterward a dead child was expelled. The usual remedies were applied, and a rapid recovery took place.

The first case shows how little disturbance puerperal albuminuria may cause prior to confinement, even so little as to pass unnoticed, and during delivery to culminate in convulsions.

In the second case the albumen existed in considerable quantities, with moderate dropsy and the attending symptoms of a graver character, terminating in convulsions and death two days after delivery.

The third case had a moderate amount of albumen with much dropsy, and an occasional exacerbation of the attending symptoms, which were relieved by treatment. The following pregnancy showed a sudden appearance of albumen and of pulmonary œdema three or four days after delivery.

The fourth had one-half albumen, with slight anasarca in the eighth month of pregnancy, and progressed favorably without treatment.

The fifth had enormous dropsy and very much albumen in the urine; no bad effects following, except the death of the child and its subsequent expulsion.

Barker relates a number of cases of puerperal albuminuria, with and without convulsions, and one case of puerperal convulsions where no albumen was detected in the urine.

I, together with Dr. F., have seen many cases of puerperal albuminuria which have produced little or no constitutional disturbance; and in all our cases of puerperal convulsions the urine was found to contain albumen.

On inquiry of a number of practitioners having a large experience, I learn that in all their cases of puerperal convulsions they always found albumen in the urine. I have often thought, to what extent can these rare cases of puerperal convulsions with non-albuminous urine be explained on the theory of being epilectics, or having an epilectic tendency by inheritance, and the peculiar condition of the system induced by pregnancy, or the difficult and protracted labor, act as an exciting cause in developing the fit? Is there not also a possibility of these cases having an alkaline urine, and not being rendered acid previous to boiling, refuses to coagulate? I have no personal experience to offer, and I only give these points as plausible suggestions, to stimulate further thought in this direction. The following conclusion may be drawn from the foregoing cases:

A *large amount* of albumen with *considerable* dropsy is not a necessary factor in the production of puerperal convulsions.

In my experience, *some albumen* in the urine, with little or no dropsy, is an important and necessary factor in the production of puerperal convulsions.

In some cases puerperal albuminuria is comparatively a harmless trouble, passing over without any treatment. As for the spasm being a cause of the nephritis, the weight of evidence is very much against it. I have repeatedly examined the urine of children after convulsions, and found no albumen. Parenthetically, I would ask what is known as to the condition of the urine after the spasm of epileptics?

One point in the semeiology of puerperal convulsions needs to be emphasized, particularly for the benefit of those having little or no experience in these cases. Whenever you have a patient in the latter months of pregnancy, say in the eighth or ninth month, having some albumen in the urine, complaining of severe headache, and a heavy, dull feeling pervading the body, occasionally associated with attacks of dimness of vision, *then take care*. In many instances, if this patient is not handled skillfully by depurative measures, some day you may find her in a severe and perhaps fatal convulsion. There need be no fear of giving such remedies as drastic purgatives, diuretics, and bleeding from the arm, for I have resorted to them till the patient was blanched, with the happiest results.

My experience teaches me that as long as a pregnant woman having albumen in the urine is free from headache, there is no immediate fear of convulsions. The headache preceding a spasm is not sudden in its onset, but comes insidiously, being so slight in its inception as to pass unnoticed, and gradually increases until it culminates in a convulsion, or is relieved by appropriate and timely treatment. The headache preceding the convulsion during the act of parturition is sudden in its onset, as one of my cases (No. 1) fully exemplifies. This patient only complained of pain in the head during the last two pains prior to the spasm. During each pain and bearing down effort it was intensely aggravated, and while in the last pain, she was seized with the convulsion. The headache preceding the spasm after the parturient act has similar characteristics to the headache prior to the confinement, though convulsions occur less often in this period.

I will offer only a few general remarks on the treatment of the two complaints. A pregnant woman with albuminuria should be gently informed that her kidneys are not working properly, and that a little medicine, with some attention, is necessary. In imparting the news, do it in such a manner as not to create alarm. Some advocate not telling them the nature of their trouble; but if you want your patient to neglect herself, follow this plan. In uncomplicated cases of puerperal albuminuria, mild diuretics, laxatives, occasional hydragogue cathartics, and as much rest as possible, is all that is necessary. In such cases where the symptoms assume an aggravated character foreboding convulsions, more active measures are indicated: general depletion, or dry cups to kidneys and nape of the neck, and depuratives of considerable potency. Perhaps the most trying position, and one where the young physician finds himself at his wits' end, is when he has puerperal convulsions suddenly before him. If a spasm occurs before labor sets in, and he has no medicine at hand, he can only loosen her clothing, protect the tongue and open a vein; if he has a hypodermic syringe, give one-half grain of morphia, or administer an anæsthetic, the latter being preferable when the spasm is in activity; should he not give morphia hypodermically, then give chloral in 20-grain doses, either by the mouth or rectum. Having subdued the spasm, he has now to induce labor—provided it has not already begun—by Barnes' dilators, ergot hypodermically or by the mouth, and warm-water injections.

Authorities are divided as to waiting for labor, but the most successful plan is to induce labor a few hours after the spasms have ceased. While labor is going on, all tendency to spasmodic action is overcome by chloral or an anæsthetic. After the child is born, depuratives in moderation should be given, at the same time keeping her gently influenced by chloral. Even when all depurative remedies are contraindicated, give diuretics at any rate. In other cases where labor is going on, the presenting part being in the pelvic cavity, and convulsions occur, subdue them with your remedies, then hasten delivery, and the after treatment is on the same general principles as previously enunciated. When the spasm takes place after the delivery of the child (my experience teaches me that they are not less dangerous than those at other periods) general principles are again indicated. A plan which I follow in cases of albuminuria in the latter months of pregnancy is to caution my patients, in such a manner as not to excite alarm, that whenever headache sets in to notify me immediately so that I can give them the proper attention; and when they do report I make preparations for any emergency, and keep my eyes wide open.

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FLORIDA AS A HEALTH RESORT.

BY M. J. HALLORAN, M. D.,
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Compelled, during convalescence from an attack of pneumonia, to seek a warmer climate, I have during the current year passed several months in Florida, most of the time in Jacksonville and St. Augustine. This brief resumé of the present condition of Florida, particularly considering its advantages and disadvantages as a health resort, will be founded on personal experience, supplemented by the more extended observations of Drs. Kenworthy and Baldwin, of Jacksonville; Dr. Logan, of Atlanta; Dr. Jacques, of Fernandina; and Dr. Charles E. Lee, the learned editor of Copeland's Medical Dictionary.

When the merits of any particular place or region, as a health resort, come into question, the first factor to be considered is its condition as regards climate. The climate of any locality, professionally speaking, depends upon its temperature, atmospheric vicissitudes, prevailing winds, humidity, its elevation above the sea level, proximity to the ocean or oceanic currents, its contiguity to lakes, rivers, or mountains, its condition as regards soil, drainage, vegetable productions, malaria, general sanitation, etc.

Temperature is a very important factor in climate, a very large proportion of the profession advocating a warm, dry, sunny climate for the successful treatment of many diseases, particularly those affecting the pulmonary organs. The climate of Florida leaves little to be desired at this point of view. The thermometer rarely falls below 30° in winter, and seldom goes above 90° in summer.

Dr. Baldwin's tables, kept for the Smithsonian Institute, and compiled from the mean of three daily observations during twenty years, from 1844 to 1867, at Jacksonville, show the ordinary temperature to be in January 55°, in February 58°, in July and August 82°, falling during the month of December to 52°.

During the first four weeks of the current year, which I passed in Jacksonville, the temperature ranged from 55° to 65°, but the fourth week was stormy and chilly, with strong northwest winds. For several days a light overcoat was necessary, and during the entire period of my stay, I found no inconvenience from wearing the heavy underclothing and winter woolen business suit I had worn in Massachusetts. The nights were uniformly cool and rather damp in Jacksonville; blankets were a necessity, and in the morning I found my windows (fronting directly on the St. John's river) covered with moisture; in fact, the river itself was overshadowed with an impenetrable mist until 9 a. m., when it was slowly dissipated by the rays of the sun.

Jacksonville is a pleasant place as a residence; the streets are wide and shaded by magnificent live-oak trees, rendered picturesque by the hanging masses of Spanish moss. The use of the wild orange as a shade-tree makes walking more interesting, for the orange tree in winter, with its dark green glistening foliage and bright yellow fruit, is a beautiful object, especially to the visitor who has left behind him two or three days previously the piled-up snow banks, naked trees, and searching blasts of a northern winter.

The complaint is frequently made that there is nothing to interest the visitor in Jacksonville—that it is merely a stopping-place en route to some place "up the river."

Such, in reality, is the use to which it is put by many visitors, who lounge out the period of stay at the hotels. Yet a very pleasant sojourn can be made there. The streets are heavy and sandy, and carriage riding is not so pleasant as saddle exercise or walking. There are many pleasant walks: beyond the Way-cross Station, along the shell road, by the side of the river, or across the river by the railroad ferry, and along the road parallel to the river, furnish many points of beauty, and give a good idea of semi-tropical scenery. In fact, to one who is willing to take open-air exercise and is not afraid to walk, Jacksonville need not prove uninteresting; the weather is generally such that a weak person can be out almost any time during the day; we have seen invalids on the streets, and in the woods, who, at the same time of the year, would be unable to leave the house at the north.

During our stay in the city, a lady died who had come there seventeen years previously suffering from consumption; her life had been indubitably prolonged many years by residence in this mild climate.

The variations in temperature at St. Augustine, where I passed the month of February, are still less marked; the army records for twenty years show an average variation of but 23°.

There is still more inducement to pass the time in the open air in St. Augustine; the weather during my stay was delightful, day after day was clear and sunshiny, the thermometer registering between 70° and 80°.

Early in the morning it was frequently rather close, but later on before noon a breeze sprung up,

which rendered out-door exercise a pleasure. And the city itself is so very interesting; it is true, all its sights can be seen, tourist-fashion, in two or three hours; but to the visitor seeking health, a much longer stay fails to exhaust the items of interest. The invalid can enjoy any part of the day in the open air; and the moonlight evenings, which have lost none of their charm since the writer on "The Ancient City" so romantically described them in the article in *Harper's*, are generally passed on the wide southern verandas, or listening to the music discoursed by the excellent military band, on the plaza.

We have become acquainted with invalids in St. Augustine, suffering from consumption, chronic bronchitis, asthma, chronic rheumatism, and other complaints, who passed their time in the open air, sailing to the north and south beaches, going on trips to Matanzas, fishing, etc., individuals who at the same period of the year would be almost entirely confined to a close, over-heated apartment at the North. Northern ladies and their families are generally more content in St. Augustine than elsewhere in Florida. It is an undoubted fact that Northern-born ladies are not, as a rule, favorably impressed with life in many sections of Florida. This appears somewhat strange when we consider that the climate, fruits, garden dainties, and the like, such as women are usually fond of, are so abundant. The principal source of their objection is the same as in all new countries; women prefer old, settled communities, churches, schools, society, sidewalks, and intimate social intercourse. The sandy soil, heavy roads, and absence of sidewalks, especially in South Florida regions, are at the foundation of the prevalent discontent among the women. In the towns in Northern Florida, where improvements are more general, there is more content among the female members of the family.

In the matter of healthfulness, St. Augustine must take a high place among Florida resorts. Malaria is almost unknown, and the constant sea breezes moderate the cold spells in winter and mitigate the heat of summer. Frosts seldom occur, and the mean winter temperature is 58.8°. Just before I left the city, we had a series of thunder storms, the rain pouring down incessantly two or three afternoons in succession. The rainfall was considerable, but it was almost entirely absorbed by the sandy soil in a short time, and in less than twelve hours it was possible to walk dry shod on any of the streets.

After these storms, vegetation was bright and beautiful; the banana plant, looking hitherto like a gigantic withered cornstalk, put forth green shoots; the yellow fruit and dark glistening leaves of the orange tree looked brighter, and even the stretch of pine barren between St. Augustine and Jacksonville, along the new and well-appointed St. John and Halifax river road, took on a different aspect, and appeared less monotonous. Four days later, I was in the midst of a driving snowstorm in Massachusetts.

After a season passed in Florida, one can readily regard as absurd the dictum of fashion, which sends so many families from comfortable homes, large, well-aired rooms, and accumulated home comforts during the summer season, to crowded hotels, discomforts of every description, and the costly prices of seaside resorts, to avoid the heated term, which, except in the largest cities, can be passed with equal immunity from disease at home. But it is not considered at all necessary to avoid the extreme and sudden variations of temperature of the Northern winter, during which a great part of the time is passed by even the most robust within doors; the more weakly remaining almost the entire winter in close, over-heated rooms, with the air loaded with noxious exhalations and coal-gas. It is true that formerly it was considered necessary to undergo the discomforts of a journey to the South of France or to Italy in search of a mild and pleasant winter climate. But to-day, with the very much improved and rapidly-improving railroad facilities at the South, and the rapid influx of Northern capital and enterprise, a season in Florida is almost as enjoyable as one passed at one of the Continental winter resorts.

As regards advantages of climate, the average temperature at Cannes for the five winter months from the first of November to the last of March is 50.8°; at Nice 49.9°, and at Jacksonville 58.7°.

Florida has always ranked high in the climate-cure of pulmonary diseases, and the general testimony of invalids and practitioners bears out this view.

Of course, if the case is already hopeless, if the patient is emaciated to the last degree (we have seen such individuals in Florida), then no great benefit can be expected; and the rapidly-fatal result which often ensues on their removal there can by no means be laid to the climate, but is often caused by the fatigues of travel, and the absence of the home care and nursing to which the enfeebled individual has long been accustomed.

Yet Dr. H. A. Johnson, of Chicago, states: "I had about fifty patients last winter in Florida and Georgia, and they came back better. Even those

in whose lungs cavities existed were better than they would have been if they had remained in Illinois." Dr. Wilson, late Medical Inspector of Camps and Hospitals, U. S. A., remarks: "Neither upon the southern coast of France nor anywhere under the bright Italian skies, can a winter climate be found so equable and so genial to the delicate nerves of most invalids, as can be enjoyed in our sanitary stations in Florida."

This remarkable freedom from disease was noticed in the garrison who occupied St. Augustine during the British possession; and to-day you will meet in "ye ancient city" men who have a kindly memory of the climate since they formed part of the U. S. troops who occupied the place during our late civil war.

As Dr. Jacques, of Fernandina, writes: "There are two things which the invalid cannot enjoy to their full extent at the North in winter—fresh air and sunshine. These are the things to come South for, and coming for these there will be no disappointment. The fresh air you will get every hour of the day or night; you cannot shut it out if you would. As for the sunshine, one bathes in it, breathes it, drinks it in at every pore, till it permeates the whole system; and there is no medicine like it. It is the invalid's own fault if he does not get enough of it; to what end is the South 'sunny,' if one will shut himself up in a darkened room?"

But in forming an opinion regarding climates, many factors must be considered; and altitude is of less importance than temperature, prevailing winds, dry soil, and low mean relative humidity. "With regard to the temperature of the air, it is absolutely certain," says Prof. Buhl, "that it is not the mean temperature which regulates the frequency of catarrh or phthisis, but only the larger, sudden, and oft-recurring vacillations of temperature, which the compensatory power of our body is unable to resist." Therefore the temperature of the air and its rapid vacillations must be regarded as exciting causes of inflammatory phthisis.

Atmospheric changes in the North and West are sudden and great, but in Florida they are infrequent and not extreme. At times what are termed "cold snaps" occur, but they seldom last over two or three days, and at any time the invalid may take exercise out of doors in the middle of the day. Owing to the low level of the land, the absence of snow and ice, and the warmth of the soil for a long distance to the north and west of the State, and the influence of the winds from the gulf, the northerly and westerly winds are robbed of their harshness and refrigerating effects before they reach Florida. Easterly winds are the prevailing ones during the winter months, but owing to the proximity of the Gulf Stream, with its vast volume of heated water, to the east of the coast, these winds are also robbed of the harsh and searching properties which characterize them in most localities.

In a word, Florida appears to offer more attractions and advantages as a winter resort for invalids than any other State in the Union. The temperature is favorable, the mean relative humidity is peculiarly adapted to the treatment of all forms of pulmonary disease; the air is salubrious, and in a large portion of the State dry and bracing; atmospheric changes are infrequent, and not so great as in other sections east of the Rocky Mountains.

The State possesses insular, interior, dry, and moist localities, semi-tropical and cooler sections, and if the nature of any given case should necessitate a change of base, a suitable climate can be reached in a few hours and at a trifling expense.

Hospital Reports.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. Seelye, A. M., M. D.

Constitutional Syphilis.

You will remember this patient, gentlemen, as the one whom I presented to you two weeks ago (see Reporter, p. 329), with a general eruption over most of his body. You remember his case was a curious one, because he gave a history of having had several chancres. I think at three separate and distinct periods he had chancres or ulcers on his penis. But after the first and second there were no constitutional symptoms, while after the third, contracted last summer, there were. This sore was unique, and made its appearance, as we have since learned, after the classical period of twenty-one days from the time of infection. And six weeks after the sore appeared, he broke out with the roseola, which you saw; and you remember there was also a condition of general adenitis, and an especially marked swelling of the posterior cervical glands and those of the groin. The roseola and the swelling of the face, and the watery effusion of the eyes, were so pronounced that he presented very much the appearance of a man with measles.

He was put upon mercurial treatment, and now you see the eruption has almost disappeared, the face has a natural expression, and the swelling has gone, and he is not at all the same man in appearance that he was when you last saw him. The eruption has not yet entirely disappeared from the head and body, but it is more sparse and

less distinct than it was. But it still has a coppery hue, and does not entirely disappear on pressure, as do the spots in a non-specific erythematous eruption. There is still some swelling of the posterior cervical, and the glands of the groin, but it is not so marked as it was. On examining the throat, I find no eruption there. He is now taking the biniodide of mercury, and is in the first stage of ptyalism. If you will examine his gums, you will see the peculiar appearance they present in this stage. They are red and swollen and soft, and at their junction with the teeth thick sordes has collected, which contrasts strongly with the bright red margins of the gums. The peculiar fetor of the breath is also well marked.

There is one peculiarity about the eruptions of the secondary period of syphilis, and that is that when a patient has had one attack of an eruption, he is by no means protected from a second attack within a period of two years. But this liability to an occurrence depends much upon the treatment of the case. If within this period you cease from the constitutional treatment, and allow the patient to go back to his former habits of living and drinking, before long he will probably come back to you again with an erythematous or papular eruption on the integument of the body and extremities, or on the mucous membranes lining the different orifices of the body, that is in the mouth or throat or anus, or on the glans penis. It is important to remember that there is this liability to a recurrence, for from eighteen months to two years after the beginning of the treatment. Ricord claimed that it was necessary to keep up the treatment for eighteen months, and his plan was to keep the patient on mercury alone for the first six months, on mercury and iodide of potassium combined for the second six months, and on potassium iodide alone for the third six months. This treatment he thought might be successful in extirpating the disease. There is not now as much faith in this plan of treatment as there was a few years ago; yet the general opinion is still that the patient should be kept under the appropriate treatment for at least a year or eighteen months. I believe, however, that none of the cases of constitutional syphilis are ever perfectly cured. I would keep the patient under observation and direct his mode of life, and withdraw all stimulants, and on every recurrence of the eruption renew the specific treatment.

Iodism.

The patient, J. C., was admitted on October 3. He is single and a laborer, age 39, a native of the United States. Has been accustomed to drinking ale and beer, but not to excess. Twenty years ago he had a chancre, which was followed by a secondary eruption. He was successfully treated for this, and was well for a number of years. Five years ago he had an attack of rheumatism, affecting all the joints, which lasted for eight months. He also complained of pain in the cardiac region at the same time. Four years ago a rash broke out on his scrotum, anus, and thighs, which exuded a watery fluid, which dried into scales or crusts. Last August, several ulcers appeared on his ankles, which he treated himself, with black wash and other local applications. On his admission to the hospital October 3, he presented an ulcer on the inner side of the left ankle and another on the outer side of the right ankle. These were irregular in shape, and showed no tendency to heal. The ulcers were treated locally with iodoform, and he was put upon the mixed treatment for constitutional syphilis.

October 20. The ulcers are sluggish, and not healing rapidly.

November 3. A Martin's rubber bandage was applied for the purpose of keeping up pressure on the neighboring vessels. On October 28, over two-thirds of the right leg, and on the anterior portion of the left, appeared an eruption of small red spots, attended by much itching. These continued to increase in extent and size, and they poured out an exudation, which dried and formed crusts upon them.

November 11. The ulcers are much improved, but the eruption continues to spread.

November 19. Patient was put on liquor potassii arsenitis, 5ɱ three times a day, to try its effect both upon the eruption and the ulcers. The mercury and potassium iodide were stopped.

November 22. The eruption has spread to the arms and thighs, where it is circumscribed and papular, and it has become diffuse over the legs, which the hardened exudation has coated with a thin, scaly crust. Citrate of potash, 30 grs. three times a day, was added to the treatment.

November 25. Fowler's solution was discontinued. The ulcers are almost cured, and are doing well.

November 26. The ulcers on the ankles are entirely healed. The dose of the citrate of potash has been increased to 40 grs. three times a day.

Since the patient has been under observation, his bowels have been regular and appetite good, and there have been no urinary symptoms. For seven and a half weeks he took $\frac{1}{32}$ gr. of the biniodide of mercury and 10 grs. of the iodide of potash thrice daily, but eight days ago they were discontinued. He says that he had no cutaneous eruption in childhood. A plain roller bandage was later on in the treatment substituted for the elastic bandage. On admission, his pulse, respirations, and temperature were normal, and have continued so up to the present time.

Gentlemen, the striking points in this man's history are, that previous to his admission he seems to have had a tendency to rheumatic affections for some years, and also that he underwent a course of treatment for a primary syphilis contracted twenty years ago, and no constitutional syphilis has since manifested itself in any way, until he entered the hospital with two ulcers on the ankles. But these ulcers were described in such terms as to leave no doubt of their syphilitic character, for the features of a tertiary ulcer are very characteristic.

Since he came into the hospital he has developed the condition of affairs which I now show you. You see it is an eruption upon the skin of the legs chiefly, and reaching from his feet to his hips, and it also covers the arms to a considerable extent, but it is not much developed upon the rest of the body. This began as a disseminated eruption of papules, which grew into vesicles and pustules, and they increased in number until

finally there was a general inflammation of the skin.

But now, as you see, below the knees the papules are no longer disseminated, but have grown together so as to present only a general superficial dermatitis, and the hardened exudation has encrusted the whole leg with a dry scaly envelope. In former times, and even now also, this was called an eczema; by which was meant any lesion of the skin in which there was a pouring out of fluid upon the surface. But the meaning of this term has now become enlarged, and it is applied to any inflammatory disease of the skin which involves the superficial layer of the corium, and results as a consequence in the formation of vesicles, papules, and pustules or scales. There are two varieties, the moist and the dry. And this is a moist eczema which we have here, the serous exudation having become dried into these dirty, grayish scales, which you see. These are very different from the scales of psoriasis, which are made up of the epidermis proper, and not formed by the desiccated exudations, as are these.

When we come to examine the parts above the knee, we find a very different appearance, and such as was at first presented by the parts below the knee, namely, a number of sparse and disseminated papules, vesicles, and pustules, with healthy integument filling up the spaces between them. Upon close examination I find that some of these papules occur just at the orifices of the hair follicles, and therefore we may conclude that the inflammatory process had its origin in these hair follicles. Other papules, however, show no connection with any hair follicles, but still they have such a characteristic, individualized appearance, as to suggest that they have their origin in an inflammatory process which has taken place in the sebaceous follicles. The disease in this man is really a follicular eruption, principally involving the sebaceous follicles which open into hair follicles. This communication of sebaceous with hair follicles, is very general over most of the body, but on the face and scalp they are mostly diffused and separated from the hair follicles. You see here the two stages of this eruption well illustrated. Beginning discrete, as on the thigh, and ending as on the leg, in an eczema. The same papular eruption, but less marked, is seen on the arms. But here there are no vesicles, and no pustules. So much for the character of the lesion.

But you should not be satisfied with the simple diagnosis of a follicular disease of the skin with an eczema of the legs. In the olden times great stress used to be laid upon the importance of diagnosing the papular from the vesicular, and the vesicular from the pustular eruption, as each was supposed to represent a distinct variety of the disease; and he was a good diagnostician who could tell with certainty the variety of the disease from the character of the eruption alone. But there is no longer that degree of importance attached to the precise character of the lesion, as there was formerly. For now we know that a cutaneous lesion is often not the whole of the disease, but simply a local manifestation of it.

The next important step in the study of this case is to find out the essential cause of the lesion which we see. The study of skin diseases is especially valuable to every student of medicine, because they suggest to him those methods of examination which every scientific physician follows in making the diagnosis of all diseases. For you have a lesion, and very varied symptoms to study in both. In many cases you have the whole process of inflammation most perfectly illustrated in the progress of a cutaneous eruption. And a lesion produced by a parasitic disease of the skin, illustrates the course of the same class of maladies in other organs. In fact, the skin is a microcosm of pathology for the doctor, and therefore you should avail yourself of every opportunity for the study of cutaneous lesions. To find out the cause of the eruption is, as I have said already, the principal thing in the diagnosis of a skin disease. And for convenience, we may divide the causes into two classes, namely, external and those which arise within the body.

The external include atmospheric causes and all those which are material, and all which operate directly upon the integument. There is nothing in the history of this patient to suggest that this eruption was caused by any material or external application to the skin, such as heat, cold, or blisters, or by any peculiar atmospheric conditions; therefore we are obliged to refer it to some internal cause.

Possibly the syphilis suggests itself to you as a cause. But you must remember that this man was under constitutional treatment for a syphilitic ulcer when this eruption appeared, and the ulcer healed; and it is not to be supposed that another syphilitic ulcer would appear while one was healing under the influence of treatment. So we must exclude this as a possible cause. But, you may ask whether or not the eruption had anything to do with the treatment itself of the syphilitic ulcer. And this would be an extremely pertinent question. You should always think of the fact that drugs are themselves often the cause of cutaneous eruptions. Belladonna, for instance, sometimes causes a general erythematous eruption like that of scarlet fever, and copaiba an eruption which may easily be mistaken for syphilis. And in nervous and sensitive people opium may produce a nervous irritation of the skin which sometimes results in a troublesome eruption; and there are many drugs which cause neuroses in the way of hives. But there are two classes of remedies used very largely as medicines which are responsible for a good deal of cutaneous irritation, and one of these we find has been used here. I refer to iodine and bromine. These are remedies which you know are very largely used, the one in rheumatic and syphilitic diseases, the other in a very large class of neuroses. You will frequently, in the use of iodine, and still more with bromine, have occasion to observe on the patient an eruption of an erythematous vesicular character, which sometimes results in an obstinate inflammation of the skin. And inasmuch as both these remedies are employed to a large extent, it is important to bear this important action in mind. Now I believe that this man has been suffering from iodism, and the form which it has assumed in him is a dermatitis. But the commonest form in which iodism is manifested, is not by an integumentary eruption, but by an irritation of the mucous membranes. Some people cannot

take this remedy at all without becoming afflicted with an intolerable naso-pharyngeal catarrh, while others will suffer not so much from inflammation of the mucous membranes as from irritation of the external surface of the body. The form of eruption which iodine and bromine produce is a folliculitis, or an inflammation of the sebaceous follicles. And the commonest kind of lesion seen in persons taking iodine, but who are not very sensitive to its influence, is an eruption of acne, involving by preference the face, neck, and breasts. In some instances the iodism will produce such an eruption as we have here, which you will remember was follicular at the beginning, and which is more acute on the limbs than where the sebaceous follicles are more independent of the hair follicles. It is a vesicular and pustular eruption, with a tendency to run together and form a general inflammation of the integument. Sometimes it is a general eruption over the whole body, but as a rule it is confined to the extremities, and chiefly to the lower limbs.

I do not know why bromine and iodine should produce a sebaceous folliculitis, but it would seem that this is the particular channel by which nature seeks to rid the system of these substances. These medicines do not undergo any change in the circulation, but they are eliminated just as they are taken, and they are found unchanged in the urine and the excretions. And a large proportion of the remedies used are eliminated from the system by the kidneys, but some by the skin as well, and these latter cause cutaneous eruptions.

It is also of importance to bear in mind the possible means of preventing this irritation of the skin. From my personal experience, I have been led to think that by giving potassium iodide in combination with some other salt, or a diuretic, this effect might be prevented. I therefore give with it, usually, the citrate of potash or soda, or the bicarbonate of soda or potassium, or the muriate of ammonium, and I believe that the metal is thus more easily eliminated by the kidneys than when it is given alone. The same may be true, though, perhaps, not to the same extent, of potassium bromide when given for nervous affections. This tendency to produce a cutaneous irritation, sometimes becomes a very serious obstacle, in the treatment of such diseases as epilepsy for instance, where the remedy must be kept up for a long time; for some individuals are so sensitive to its action, that they cannot take it at all without immediately provoking a more or less general folliculitis. And I have seen patients rendered so offensive by the exudations, and so helpless by reason of the superficial ulcerations which accompanied the eruption, as to make it almost impossible for others to take care of them, or for them to move about themselves. Therefore, as a means of preventing this condition from following the use of bromide of potassium, I would suggest the same manner of combining it with a diuretic salt, as I use with the iodide. It has been further suggested that arsenic given with the bromide would prevent this complication; but I have not had enough experience in this class of diseases to express an opinion on this plan of treatment. This man, however, has been taking Fowler's solution with the iodide of potassium, and it does not seem to have done him much, or any good. Yet I should think that it ought to have as good an effect when administered with the iodide, as with the bromide of potash; while I also think that the diagnosis of this eruption as caused by the iodide, is justified by the history of the case, and by the appearance, development, and distribution of the eruption. And now, having diagnosed the cause, we have, I believe, diagnosed the disease. And the diagnosis of the cause which has brought about the changes involved in the lesion, is, I think, the only true basis for the rational treatment of the disease.

However, it is not always in your power, as it is in this case, to apply the rational treatment, which mainly consists in removing the cause. Yet in a large number of the cases of inflammatory diseases of the skin, this rational treatment is possible to apply. In the case of parasitic eruptions, by removing the parasite we cure the lesion. And in the pathogenetic and autogenetic skin lesions, which are due to causes generated within the body, we can also apply the rational treatment in many cases, and remove the cause of the disease. In some individuals certain articles of diet in the process of digestion will cause a cutaneous irritation. You should know what these are, and withdraw them from the patient's use. Again, there are many eruptions which owe their origin to what is called the rheumatic habit of body, or to that peculiar condition of the system called gouty, which manifests itself in various forms of dyspeptic troubles. This class should be relieved by the same means that you would employ for the treatment of other rheumatic and gouty lesions. Again, we know that syphilis produces certain integumentary lesions, and also that the syphilitic poison is, to a remarkable degree, under the control of certain medicines. Therefore, to cure the specific lesion, you should use the specific remedy. So you see that, in a very large proportion of the maladies under observation, we have the ability to apply the rational principle of treatment by removing the cause.

We have put this patient on a diuretic, the citrate of potash, and we are treating the parts locally with a protective ointment for the purpose of allaying the severity of the inflammatory process, which was very active a few days ago. The diuretic is for the purpose of ridding the circulation of this irritating poison. But the most essential point in the treatment is to stop the iodide of potassium. In a week or ten days we will see what is the result of this treatment.

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, February 28, 1884, the President, Dr. Tyson, in the chair. Dr. W. E. Hughes presented

Two Cases of Suppurative Nephritis.

In both of these cases the kidney lesion had been preceded by cystitis, in one of some months standing, in the other of more recent origin. In both of them there was a history of gonorrhœa,

and in one well-marked symptoms of stricture of the urethra; in this case the cystitis seemed to have been originated by septic matter carried into the bladder on a catheter, although a tendency to inflammation had most likely been developed by the long-standing stricture. In one case the kidney lesion may have originated in emboli derived from a suppurating surface, though this is unlikely, from the fact that no such emboli were found elsewhere.

Case 1. A man, æt. 55 years, had locomotor ataxy for years. He had gonorrhœa, but following it no change from the normal in urination, so that it is scarcely probable that there was any stricture of the urethra. Six months ago, as the result of exposure, a cystitis developed, with the usual signs of frequent passage of urine containing large quantities of mucus and pus; there were no tube casts, and no more albumen than could be accounted for by the pus corpuscles present. After being under observation about two months, large bed-sores developed over the sacrum and trochanters. They soon induced a septicæmic condition, which rapidly produced death. At the autopsy the nervous lesions characteristic of locomotor ataxy were shown. The urinary bladder was dilated, its walls thickened, its inner surface crossed in every direction by bands of hypertrophied muscular tissue, the mucous membrane thickened and slate-colored. In the kidneys were numerous cone-shaped masses, in which the tissue of the kidney was broken down and infiltrated with pus, and the blood vessels filled with micrococci. The remainder of the kidney tissue appeared healthy. There were no abnormal appearances about the pelvis and ureter.

Case 2. A male, æt. 72 years, had several attacks of gonorrhœa, and symptoms of urethral stricture, lasting over 32 years. The stricture had been dilated several times, but during the six months before he came under observation it had been neglected, and had begun to grow troublesome. When first seen his urine was normal, and there were no signs of cystitis. He had been failing in health for some time, and was much troubled by a cough. Physical examination showed breaking down of the lung structure at the apices. A few days after coming under observation his nose bled so uncontrollably, that it became necessary to plug his posterior nares. Soon after this, his stricture almost preventing the voiding of urine, a catheter was passed into the bladder. The next day he complained much of pain and tenderness in the region of the bladder, and the urine, which was passed every few minutes, contained large quantities of blood, pus, and mucus. The acute symptoms were soon relieved, but the urine continued loaded with mucus and pus; in fact it was often so stringy that it was only with the greatest difficulty that he could pass it. It never contained casts, nor more albumen than could be expected when there was so much pus and blood. He died two months after he was first seen. The autopsy showed tuberculosis and disintegration of the pulmonary tissue. The kidneys were identical in appearance with those in case 1, with the addition that their pelves contained numerous particles of uric acid. The cavity of the bladder was small, its walls thickened and hypertrophied, the mucous membrane dark red, thickened, softened, and thrown into folds.

Dr. Tyson said that the relation of bladder to kidney trouble was as yet pretty much guesswork, although it is certain that in a prolonged cystic disease suppurative interstitial nephritis will sooner or later arise. But rarely can we state from an examination of the urine that renal disease has supervened. He happened, however, now to have under his care two cases of cystitis with renal disease, in which it was comparatively easy to determine the presence of the latter along with the former, by reason of the presence of compound granular cells and fatty tube-casts in addition to pus. The character of the casts pointed rather to tubular nephritis than to the interstitial form, contrary to the ordinary belief with regard to these cases.

Dr. E. T. Bruen exhibited

A Specimen of Enlarged Bronchial Glands which had caused Intra-Thoracic Pressure.

These specimens were taken from the body of a man æt. 44, who had suffered for some years from chronic bronchitis. The bronchitis was probably due to his exposure to the fumes of coal in the gas works. There was no emphysema. The bronchial glands are deeply pigmented and much enlarged, forming in all a mass five inches long, three inches broad, and two inches thick. This enlargement surrounds the trachea, and slightly overlaps it anteriorly. A portion of the formation covers the origin of the right bronchus, but the left is also somewhat enclosed by the enlarged glands. In addition, many isolated bronchial glands will be found much increased in size.

The lungs presented evidences of chronic bronchitis and lymphatic irritation. The aorta is atheromatous and dilated. Heart normal. This specimen is exhibited chiefly to illustrate the possibilities of intra-thoracic pressure from this source. It will be seen that these enlarged glands occasioned serious pressure upon the lower portion of the trachea and the upper portions of the bronchi. During life there were many symptoms traceable to reflex irritation of the pneumogastric nerve, and there were also symptoms of pressure upon the œsophagus. The writer has published a detailed account of the symptoms incident to similar conditions in the *American Journal of Medical Sciences*, July, 1883. The cause of the enlargement of the bronchial glands in this case must have been the chronic bronchitis, although similar enlargements sometimes follow dilatations of the aorta. It is curious to note that degenerative changes in the lungs, or hepatization, were not observed.

Dr. Shakespeare said that the case was of interest from several points of view, one of which was the so great enlargement of the bronchial glands without either lung or any other thoracic disease. It was an extraordinary thing that the enlargement had progressed so far without any apparent primary point of origin in the tissues in which the lymphatic radicles take their rise.

Dr. Tyson was inclined to attribute their enlargement to anthracosis.

Dr. Bruen said that one of the latest writers upon bronchitis states that the reason for the intractability of chronic bronchitis is due to the

constant co-existence of lymphatic disease, thus inducing venous congestion, catarrh, etc.

Dr. G. E. de Schweinitz presented

A Case of Cystic Degeneration of the Fœtal Kidney, and said, I desire to present this evening an example of cystic degeneration of a fœtal kidney. The specimen was removed from an eight months' old fœtus brought to the University Museum by Dr. George Horn, of this city. The fœtus in question, in addition to this anomalous condition of its kidneys, presented also other interesting abnormalities, having, at the position of the posterior fontanelle, a large meningocele; further, an imperfect development of the external genital organs; and last, but not least remarkable, six fully developed fingers upon each hand, and a similar number of equally fully developed toes upon each foot. Upon opening the abdominal cavity both kidneys were found to present appearances of the one I exhibit to-night. It is enlarged, having a length of about 4½ inches, and a breadth of about 3, or about the size or a little greater than the size of a normal adult kidney. The capsule can be detached with a moderate degree of ease, and the organ is surrounded with its usual envelope of peripheritic fat. Both upon the free and also the cut surface are seen numerous cysts, varying in size from a small marble to a split pea, or even smaller, each cyst having a moderately firm capsule, and upon incision discharging fluid contents. Very distinct lobulation of the kidney is a marked feature. It is perfectly plain that we have here a specimen of what is referred to by systematic writers upon pathology as congenital renal cysts. Rindfleisch speaks of kidneys of this sort usually producing death to the child either during birth or immediately after, by pushing the diaphragm up, and thus occupying space necessary for the movements of the lungs. He further indicates that the Malpighian corpuscles constantly prove the points of departure for these cysts, although degeneration in the continuity of a urinary tubule may also contribute in the formation of the cystoid change. Both Virchow and Rindfleisch consider "an intercalation of a mass of connective tissue between the renal calyces and renal papillæ" as a cause of this congenital cystoid degeneration. A rather hurried microscopical examination of this specimen reveals the following points: Nearly a total absence of any true renal structure, the greater mass of the organs being composed of connective tissue, through which are scattered numerous free nuclei; cysts, the walls of which are lined with a single layer of cubical epithelium, and in such which evidently arise from Malpighian corpuscles, the remains of the vascular tuft is sometimes seen, the wall having been drawn back from the vascular coil, as Rindfleisch puts it; quite large vascular channels and blood-vessels usually filled with blood corpuscles, and finally decided areas of fatty infiltration, the fat-cells having inserted themselves between the connective tissue. Further and fuller microscopic examination of the organ may probably discover other and different changes which have not been described. John Klein demonstrated renal cysts in an adult case to arise from degenerated Bowman's capsules, which contained cholestrum crystals, fat granules, and calcareous grains, or, as he expressed it, "renal sand." Such conditions were not discovered in this case.

Dr. Tyson said it was remarkable how long persons with this congenital cystic trouble will live. Adults are found post-mortem with kidneys the size of a fœtal head, with cysts as large as marbles, and apparently no renal tissue left, conditions which have evidently existed for years.

Dr. C. B. Nancrede exhibited the specimens from a case of

Round-celled Sarcoma of the Superior Maxilla. Excision of that Bone with the Molar.

Thos. A., æt. 56 years, was admitted to the male surgical ward of the Episcopal Hospital in the fall of 1883, with what appeared to be an ordinary epulis of the back part of the right superior maxilla. On November 2, 1883, Dr. Packard removed the growth with the contiguous alveolar processes, and wiped out the wound with a 20-grain solution of chloride of zinc. Microscopic examination of the growth showed it to be a small round-celled sarcoma. It rapidly returned, so that in two weeks the growth was larger than when first removed. Dr. Packard removed this second growth with the outer wall of the antrum, the alveolar border, and most of the maxillary tuberosity. Wiped out again with chloride of zinc solution, all morbid tissue seemed removed; yet in less than six weeks it again began to fungate, and during the past week its enlargement can only be compared to that of a mushroom, the increase from day to day being readily perceptible. On February 27, 1884, the growth nearly filled the mouth and pharynx, and pressed upon the tongue so that deglutition was almost impossible. Accordingly, upon that day I proceeded to perform a formal excision of the upper jaw, removing also the right molar and part of the left side of the ethmoid. Owing to the efficient assistance of my colleague, Dr. Forbes, the hot iron was unnecessary, the internal maxillary being caught and tied with singularly little loss of blood.

To Prevent Pitting in Small-pox.

In the *Pharm. Central.* we read that for this purpose M. Schwimmer recommends the external employment of ointments containing carbolic acid or thymol.

I.	*Parts.*
Carbolic acid	5
Olive oil	40
Prepared chalk	60
II.	
Carbolic acid	5
Olive oil	40
Starch	40
III.	
Thymol	5
Linseed oil	40
Prepared chalk	60

In experiments carried out by the author on small-pox patients, treating only the face, it was found that the drying action set in from four to eight days earlier than in the parts of the body not operated on. The ointments form a protective covering, prevent the dangerous internal suppuration, and entirely prevent the formation of scars.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Diagnostic Value of Severe Coryza in Chronic Bright's Disease.

Dr. A. Ostertag read the following paper before the American Rhinological Association (*St. Louis Med. and Surg. Jour.*, February, 1883):

Gentlemen of the Association: I must begin my paper with an apology, on account of the very short time that was allowed to me for working it out, as the solicitation of our honored president reached me only two days ago; but the newness and extreme importance of the subject will be my best excuse for bringing it to the knowledge of the Association, even in this very imperfect form.

About nine months ago, I saw in a number of the *Cincinnati Lancet and Clinic*, a very able paper by Arthur V. Meigs, read before the College of Physicians and Surgeons of Philadelphia, entitled "Clinical Observations on Albuminuria," which he bases on the considerable number of sixty-two cases observed by himself and his father during a period of nine years. Leaving aside his other statements, which are foreign to our purpose, I will give his observations on the subject in his own words, as he most emphatically expresses himself thus: "Another symptom of Bright's disease, which I have frequently noticed, and have never heard described, is coryza of such a character that it gives rise to a very much greater distress than any ordinary cold in the head; with this there is not much dischage from the nose, but the patient complains that he can get little or no air, except through the mouth, this being accompanied with excessive oppression, much more than the condition would seem to warrant. This symptom was first called to my attention by my father, Dr. J. Forsyth Meigs, in a case we saw together nine years ago."

A second short notice which attracted my attention to this subject, I find in the March 10th number, 1883, of the *Brit. Med. Jour.*, by Andrew Clark, under the head of "Renal Inadequacy," by which he understands a very early incipient stage of Bright's disease. His words in relation to our subject, speaking of the several types of patients, are as follows: "They are a people, as a rule, who are always catching cold, and who, when they catch cold, come into the category of the first characteristic, namely, that they do not get rid of the cold; they are the people who without apparent reason and without other existing disease, get pneumonias, pleurisies, pericarditis, and the like." The remarks, gentlemen, I have to offer you on these two quotations are few, but in my opinion they are of the greatest practical importance. We see from the statements of these two men, that there must be some solid foundation in their descriptions, as they so essentially coincide. But of the full importance of this symptom, we only become aware when we reflect upon the enormous spreading and increase of Bright's disease at present in our own country; also on the fact, that the most distinguished clinicians, both in this country and abroad, confess that in the whole nosology there is no disease of a more insidious beginning, and sometimes continued latently even to the rapid, quite unexpected end, than Bright's disease. This symptom, severe chronic coryza, I find not mentioned in any of our standard works; even Bartels, in Ziemssen's Cyclo., who is a most close observer, and has made the study of kidney disease a lifetime specialty, does not speak of it; indeed, all we learn from our most trustworthy guides is, that we, in general, cannot even suspect the lurking enemy, until it is too late.

As in the present state of our science we are very far from a right interpretation of reliable premonitory symptoms of a good many dangerous diseases, but especially in Bright's disease with its very insidious beginning, each contribution of well-observed clinical facts to clear the diagnosis of this obscure subject, must be welcome, when it directs our attention to a conspicuous symptom which we so frequently meet, but which until now we were unable to interpret rightly. The more seems this to be the case in a disease, which, as we all too well know, must have reached at the present time an hitherto unheard-of extension, measured by the standard of advertisements of sure cures for kidney disease, which strike our eye in every newspaper of this country. It is a very plausible and ingenious remark, that the increase of this disastrous disease finds its explanation, for a greater part, in the manner of living our modern life, and on this point, gentlemen, allow me again to quote a short passage from Meigs.

"It cannot be proved by statistics, and yet I think there is strong ground for believing, that the proportion of deaths, caused by affections of the kidney, is greatly on the increase. The tendency of modern life seems to be such, that a larger number of deaths are caused by degenerative process, and less by acute disorders. In former times, children were less delicately reared, and a larger proportion of the frailer ones probably died from exposure and want of care; now beginning at childhood, and continuing up to old age, we are much more careful to avoid exposure, and more self-indulgent, at least as far as our bodies are concerned. Who, in modern times, except the professional athletes, would undertake the physical labors of the Emperor Charles V. of Germany, of whom Motley says, that he was able to tell, at a time when all journeys were on horseback, or by boat, 'of his nine expeditions into Germany, six to Spain, seven to Italy, four to France, ten to the Netherlands, two to England, as many to Africa, and of his eleven voyages by sea!' Nowadays, the majority of city men are in their places of business all day, and take but little exercise, eating as much and as rich food as in former times, and drinking not a little withal. The natural and necessary consequence follows, that after years of this kind of life, the excretory organs degenerate; first, the kidney, which is the common sewer of the body, and like the heart, has to do continual work from the hour of birth until the hour of death. It is a common thing, in

modern life, to see a man naturally robust and gifted with a large appetite, become more inert as years go by, when he will gradually give up his active exercise, until finally he takes none; still the eating and drinking go on, and he becomes fat and sluggish; finally he loses health, and then examination shows that degeneration is beginning in the kidney. I could instance several cases of the kind, but my space will not allow me."

My object in the presentation of this new subject, is to draw the attention of the Association to the study of this symptom in relation to Bright's disease, so as to give it its proper place in the symptomatology of the latter malady, as by keeping it in view, we might in many cases where, according to our two above-mentioned authors, it seems to belong to the early and curable stage of this later on becoming quite hopeless disease, be able to save many a valuable life, and so become true benefactors to mankind.

It needs the observance of a great number of searchers, as the field of one man, be it ever so varied, is too limited to make it fruitful for the profession at large.

I request you, therefore, not to lose sight of this symptom in your practice, and to report your experience at our next meeting; for, as you well know, to promote the science of medicine, we must not only be devoted students and close observers, but we must also learn to draw logical conclusions from our observations, and give them the right place in the nosology.

My own experience on this subject is, at present, too limited to speak with great confidence, but I can adduce at least one case, which I have had under observation for some time, which fully proves the correctness of this statement; and two others, to which my attention but lately has been directed, seem to point to the same deduction.

To impress upon you once more the importance of my subject, I will close it with one of the summary paragraphs, as stated by Meigs, "That severe coryza is a complication or accompaniment of Bright's disease, and has a diagnostic value."

Scarlet Fever: A Remarkable Series of Cases, and a Noteworthy End of It.

Dr. E. Diver makes this interesting report in the *Lancet*, January 19, 1884:

On November 21, 1880, my attention as medical attendant to a school of about 250 children was called to a girl with a rash, which I found to be that of scarlet fever. No information was forthcoming as to whence she got the disease. She was removed to the infirmary—a building in all ways isolated from the school; the room in which she had been temporarily placed was scoured and cleansed, and a good lookout amongst the children was kept up. In ten days another girl had scarlatina, and she was removed to the companionship of the former. Three weeks passed with no fresh case, but on the twenty-fifth day another girl had to be taken to the infirmary. We were free again until the twentieth day, when another girl showed signs of scarlatina, and was removed like the three others. In seventeen days more, three cases occurred together, all girls; in fifteen days from these, another girl; in twenty-eight days more, two girls; in ten days after these, another two; and in twenty-three days more came the thirteenth girl, and the last of the series. After the tenth girl got ill, the disease showed itself in one of the boys, and I wondered whether we were now to have a regular epidemic. But time proved that this boy was the only one to be ill, and he turned out to be the brother of the sixth girl. It was proved, too, that his mother had seen and kissed him after having gained an interview with her convalescent daughter forty-two days after this girl's illness began. Ten days after the mother's visit, the boy complained of a sore throat. After each removal of a patient or patients to the infirmary, the interval was anxiously watched, and once or twice we began to think we had done with the disease. But on being disappointed, we were puzzled to account for its recurrence. There was no probability of infection from the old cases, and we knew of no scarlatina elsewhere in the neighborhood. The limited spread of the disease was against its being brought into the school with any sort of food, and all the water was pumped from a deep well. The drainage was almost entirely by earth closets, and there was no overcrowding, the dormitories being ample and well ventilated. At length I examined the water cisterns. These were situated in the roof of the building, and I traced each pipe going from them. One I found went to a dormitory, and terminated in a tap from which the girls on going to bed could draw water; and I ascertained that all the sick girls had drunk from this source; probably many others had done so, too. The overflow pipe from the same cistern had its orifice of discharge over a gully in the corner of a paved yard, the orifice being parallel with the gully, and an inch or two above it. Side by side with this pipe, and terminating at the same level, was another. This other led down from a slop sink, and conveyed the night urine from the girls' dormitory into the drain. These pipes had been in use for two years, as had the portion of the school wherein the disease occurred, and to which they belonged. The drain, which was trapped below the gully by a Doulton's siphon, conveyed also rain and bath-room water to the larger drain beyond, and the gully-grating was somewhat furred with urine salts. Now, whether the structural arrangement described had anything to do with the scarlatina or not, it was clearly a bad one, and open to grave suspicion. The overflow pipe was therefore cut away to half its length on March 26, 1881, nine days from the last case of illness, and was made to discharge itself upon a low roof hard by, thus dissociating it from the urine-pipe, which in its turn had its extremity cut into the shape of a jug spout. After this no case of fever happened.

Owing to the circumstance that no ordinary cause of the disease was discovered, as contagion or fomites, it seems probable that there was some less common cause for this series of cases of scarlatina. If so, either it was one of which I am not cognizant, or it was connected with the juxtaposition of the two pipes. In the latter case, the overflow pipe appears to have conveyed to the cistern, upon Tobin's principle of ventilation, air, with all that air may carry, and the chemical results of some decomposition of urine and perhaps other fluids; and by this contamination the water was made

equal to the production of scarlatina at uncertain intervals, depending partly upon the receptivity of those who drank of it. Arguing upon this, one's question next is, What is this chemical which was conveyed from the urine pipe, or perhaps, but unlikely, from the comparatively harmless drain below? For, so far as can be told, no ordinary scarlatina germs were present, the facts appearing to favor the theory that scarlet fever may be generated *de novo*.

As to the case of the boy, he had no means of getting at the water which the girls drank from, and I know of no way in which it was probable he took scarlatina, except it be admitted that his mother brought it to him. But if she did, the period of apparent incubation was of unusual length. It may be, however, that the poison lay in his clothing for a day or two, and so the ordinary period of incubation may not have been transgressed. But if the boy's mother did not bring the disease to him, and the girls did not get it by means of the pipes, then the facts given exemplify what is undoubtedly true sometimes, that with all the circumstances seeming to favor a given conclusion, that conclusion is not correct, because an important something else has needed recognition. Query: In the present case, is there this something else? And if there is, what is it? But if not, what was the seed of mischief in the water?

Auscultation of the Œsophagus.

The *London Med. Times*, January 19, 1884, says:

Attempts have frequently been made to establish some trustworthy means of diagnosing affections of the œsophagus and stomach by the aid of auscultation. The act of swallowing of necessity gives rise to certain sounds, and it is to the correct interpretation of these that we must look before making use of any modification of them in determining morbid conditions. A recent discussion upon the subject in the *Berliner Medicinische Gesellschaft*, introduced many points of interest, both from physiological and clinical points of view. The *idea* that deglutition is chiefly affected by means of the action of the constrictor muscles, and of the peristaltic movement of the œsophagus, has lately been opposed by a theory propounded by Kronecker and Meltzer, who divide the act into two parts, of which the first consists of the rapid injection of the masticated food or fluid through the œsophagus, and the second in the further injection of the food through the cardiac orifice by the contraction of the lower segment of the œsophagus itself. The act is a very rapid one. The every-day experience of the sensation of swallowing may certainly be held to corroborate this theory. Hot or irritant fluids invariably make themselves felt at the upper and lower parts of the œsophagus only, a result probably due to the fact that it is at these points that they are forcibly squeezed against the mucous membrane If the theory is correct, it is there also that they remain for a few seconds at rest. The pathological appearances produced by corrosive irritants are likewise most marked at the same points. The sound produced by these two spasmodic movements, by which the food is thus "squirted," so to speak, down the œsophageal tube, may be distinctly heard on listening at the side of the ensiform cartilage. A first sound, coincident with the upper œsophageal contraction, is described as resembling that produced by discharging a syringeful of air under water; the second, following it after an interval of about seven seconds, is said to be somewhat similar, but coarser in character, and corresponds with the opening of the cardiac orifice and the spasmodic injection of the food through it into the stomach. Unfortunately for the diagnostic value of these auscultatory signs, their occurrence is not absolutely constant in healthy persons, although present in a very large majority of the cases examined. Neither is there perfect agreement between individual observers as to the character and relative intensity of the sounds produced. Almost identical noises are heard over the stomach when the œsophagus is at rest, and they may even be set up by electrical stimuli. The subject is one which deserves attention, and especially in relation to affections of the œsophagus, which have, from the earliest days of medicine down to the case of the late Comte de Chambord, presented insurmountable difficulties to the most able diagnosticians; but until a standard can be determined to form a physiological starting-point, the efforts to interpret the auscultatory phenomena in the œsophagus will remain as futile as heretofore.

Calculi of the Pancreas.

To the Pathological Society of London (*Brit. Med. Jour.*, January 12, 1884), Dr. Norman Moore exhibited three specimens of calculus in the pancreatic duct.

1. A pancreas with a dilated duct, containing numerous irregular calculi of carbonate of lime. The duct was most dilated near the head. There were stones in all parts of it, but it was nowhere completely closed. The patient was a man, aged 40, who died of diabetes. The bile-duct was pervious, and there was never any jaundice.

2. A pancreas, with its main duct slightly dilated, and containing a calculus of irregular shape, around which was a large abscess in the head. This abscess pressed upon the orifice of the bile-duct sufficiently to produce great distension of the gall-bladder. The patient was a man, aged 43, who died in St. Bartholomew's Hospital of an attack of pleurisy following gouty symptoms.

3. A pancreas, with great dilatation of the duct throughout its length. Near the orifice the duct was blocked by a small calculus of irregular shape. The whole gland was very hard, and, to the naked eye, showed a great increase of connective tissue. The papilla in the duodenum was enlarged, and the hardened tissue of the pancreas had constricted the bile-duct, so as to cause complete obstruction. The liver was of a deep green color, intensely hard, and with general dilatation of its ducts, which everywhere contained watery bile and bile-gravel. The glands in the hilum of the liver showed no new growth, and a careful search showed none anywhere in the body. Microscopic sections of the pancreas showed an extensive increase of connective tissue. Many bands of old growth traversed the gland, and there were patches of nuclei of a more recent connective tis-

sue-growth. Some normal acini were visible, but in most, the gland cells were more or less atrophied. No cells like those of the acini were to be found beyond their proper limits, nor were there any other signs of carcinomatous growth. The morbid change was of the same kind as that found in the liver of cirrhosis. Dr. Wickham Legg had shown that dilatation of the hepatic ducts would produce a connective tissue increase throughout the liver. In this pancreas a gradual dilatation of its ducts, due to the occlusion of the main duct by the calculus, was probably the cause of the new connective tissue growth throughout the gland. Cirrhosis of the pancreas, as a result of calculus, had not, he believed, been described before. The patient was a man, aged 64, who was admitted to St. Bartholomew's Hospital in July, 1883, and died in October. He had been ill for a month, and jaundiced for three days on admission. His liver was not then enlarged, but on August 13th was distinctly increased in size. During his illness, he had many attacks of vomiting, but no colic. Dr. Moore had exhibited two specimens of abscess of the pancreas due to calculus, at this society in 1882, and this was the only one which had occurred since in the post-mortem room at St. Bartholomew's. In the three cases of pancreatic calculus now shown, there was jaundice in only the last, and colic in none; but, in all three, attacks of vomiting were noticeable clinical features.

Rupture of Intestine.

Dr. A. McLean reports this case in the *Brit. Med. Jour.*, February 9, 1884:

W. H., aged 32, fell from a tree, a distance of twenty feet, on December 24, 1883, about four o'clock in the afternoon. He had dined at one o'clock. He fell flat on the body, and was found, by those who went to his assistance lying on his belly. With help, he walked two hundred yards to a truck, on which he was taken home. He did not lose consciousness. When seen at 5 p. m., he was suffering from pain, chiefly over the region of the bladder, in the left groin, and in the right flank. There was an abrasion of the right elbow, and his lips were cut. There was very little shock. He said that he wanted to pass urine, but could not do so; he had passed urine before ascending the tree. A catheter was passed, and about a pint of clear straw-colored urine withdrawn. He was ordered to have thirty drops of tincture of opium every three hours, and ice and milk. At 7 p. m., he was found lying over the edge of the bed vomiting, and had thrown up his dinner partially digested, and containing a few clots of rather bright-colored blood. As he had a good deal of abdominal pain, a quarter of a grain of morphia was given subcutaneously, and a bran poultice applied to the abdomen. The temperature was 99°; the pulse was rather frequent and hard. He could take a deep inspiration, which caused pain only in the right flank. At 10 p. m., he had expectorated some mucus tinged with blood, but had no further vomiting. He could bear firm pressure all over the abdomen, but there was tenderness in the left groin. About three ounces of clear urine was drawn off by the catheter. Temperature, 100.6°; pulse, 100; respiration, 24; he was very cheerful.

December 25, 11 a. m. He said he felt comfortable. He could bear firm pressure on the abdomen; there was tenderness in the right flank and left groin. Half a pint of strong-smelling dark brown urine was withdrawn by the catheter. He was ordered to continue the opium-mixture, milk, and ice. Temperature, 100.2°; pulse, 93; respirations, 26; his breathing was shallow, but he could take a deep breath. At 5 p. m., there was no change in the breathing; half a pint of urine was withdrawn by the catheter; the abdomen was rather distended and resonant; pain was not increased. I left him feeling comfortable and cheerful. I did not see him again, but was told that about 10 p. m. he complained of pain in the abdomen for about an hour, and then was easier. He was cheerful and comfortable up to 3 a. m., when, after a few deep inspirations, he died.

Post-mortem examination thirty-seven hours after death. The abdomen was distended and discolored; there was considerable peritonitis, with lymph very thick in patches on the small intestine in the left iliac region; much congestion of the intestine, which was ruptured at about the junction of the ileum and jejunum, opposite its mesenteric attachment; the rent would admit the introduction of three fingers. There was no other lesion. In evidence given at the inquest, it came out that a piece of wood about three inches by five inches was found under the body of the man; this would probably account for the rupture.

A Case of Mistaken Sex.

Dr. Wm. P. McGuire reports this case in the *Med. News*, February 16, 1884:

A. B., thirty-five years of age and in good circumstances in life, consulted me on January 12, 1884, in order to have the sex to which she belonged determined. She was, to all outside appearances, a fairly-formed woman about five feet four inches in height, with long hair curling down her back. Her voice and features were effeminate, and her demeanor was modest. From birth her dress had been that of a woman. All of her associations had been with women, and her business in life that usually followed by that sex. There was no hair upon her face.

I found upon examination that the conformation of her thorax was similar to that of a woman, and that her breasts were developed similarly to those of a young girl. The nipple was erectile. Her arms, hands, and lower limbs were those of a man. There was a small penis in the natural position about three-quarters of an inch in length, with a well-formed glans and prepuce. It was capable of erection, but had in the glans no aperture. Following from the base of the penis backwards was a sulcus about one-half an inch in depth and two and a half inches in length. Lying upon each side of this sulcus, and each enclosed in separate scrotums, were two well-formed and developed testicles, each attached to a moderate-sized spermatic cord, the whole conformation resembling the vulva of the female. There was no opening in this sulcus, but just at its posterior termination was an opening one-quarter of an inch in diameter, which was the external opening of

the urethra, extending backwards and upwards into the bladder. No prostate gland was found. She stated that all of her proclivities and desires had been masculine, and admitted that occasionally in her sleep she had pleasurable sensations, followed by an ejaculation of a white fluid from the opening of the urethra, which was, of course, an ejaculation of semen. There was no trouble in determining her sex. She was advised to change her dress to that of a man, and to attempt to have by a plastic operation a new urethra made from its termination in the perineum, along the sulcus to the glans penis, in order to effect more convenient urination, as she is now obliged to do so in the sitting posture.

Reviews and Book Notices.

BOOK NOTICES.

Medical Annals of Baltimore from 1608 to 1880. By John R. Quinan, M. D. Paper, 8vo., pp. 275. Price $1.00.

In a very painstaking manner the author of this volume has collected everything of interest about the profession in the city of Baltimore, and deserves great credit for his labors. It was prepared by request of the Medical and Chirurgical Faculty of Maryland, as a memorial volume, in honor of the Sesqui-Centennial of Baltimore, October, 1880. It comprises:

1. A chronology of events connected with the progress of medicine in Baltimore from 1608 to 1880.

2. A biography of Baltimore physicians, to which is appended a record of their literary contributions.

3. A subject-index to the literature.

4. A record of public services, military, civil, and medical, performed by Baltimore physicians from 1608 to 1880, in the city, state, and national governments, with statistics of the charitable and public institutions of Baltimore.

It is of interest not merely to the physicians of Baltimore themselves, but to their families and descendants.

Orders, enclosing the required amount, sent to the librarian, Dr. E. F. Cordell, 122 West Fayette street Baltimore, will be filled as soon as received.

Contagious and Infectious Diseases: Measures for their Prevention and Arrest. Small-pox, Variola; Modified Small-pox, Varioloid; Chicken-pox, Varicella; Cow-pox, Variolæ-vaccinæ; Vaccination; Spurious Vaccination, etc. By Joseph Jones, M. D. Baton Rouge, 1884.

This closely-printed work of 410 pages, is characterized by the usual thorough method of its author. His extensive reading and enthusiasm of investigation appear on every page. The history and pathology of the class of diseases of which he treats have never been more exhaustively handled. Several very rare early tracts on vaccination are reprinted in full. The unfortunate results of many of the vaccinations during the civil war are noted and explained. The relations of syphilis to vaccination are stated, and many alleged cases are critically examined. In discussing the relative merits of humanized and bovine virus, the merits and disadvantages of each are fairly and fully stated. As a hand-book of reference on these allied topics, it is the most complete we have seen. For copies, address the author, New Orleans, La., as it is an official publication of the State Board of Health.

The Relation of Animal Diseases to the Public Health, and Their Prevention. By Frank S. Billings, D. V. S. 8vo., pp. 448. D. Appleton & Co., New York.

This volume is divided into three parts, the first of which treats of the nature and prevention of various diseases of domestic animals, especially trichiniasis, hog cholera, tuberculosis of cattle, anthrax, and glanders. The author does not discuss the treatment, but the prophylaxis only. The second part is on the history of veterinary medicine; the third on veterinary education.

While the writer is evidently well acquainted with his subject, he fails to present it in an agreeable manner. Although his preface intimates that his volume is addressed to the educated public, it is filled with the most elaborately long and learned technical terms. What sort of a sentence is the following for a popular treatise: "If a trauma formed the atrium of the inficiens, we may remark on the locus infectionis hyperæmia and inflammation!!" Yet there are hundreds of passages just as pedantic as this.

His remarks on medical education, which he goes out of his way to criticise, are dogmatic in the extreme, especially for one who is not himself an M. D. He has a plan to shut up all the medical colleges in the country, and open one for free medical education at the public expense! There is a disease which they call out West "the big head," from which the writer seems to suffer.

—Wigglesworth defines mania as a disease involving disorder of the relational elements of mind, and of a greater or less number of these, according to the intensity of the disease; in other words, what we clinically know as mania has for its material substratum an affection, functional or organic, of the higher co-ordinating plexuses of the brain.

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A SUGGESTION ON MEDICAL EDUCATION.

That there are more doctors to the population in the United States than anywhere else, is a matter of common knowledge and public statistics; that, on the whole, these doctors are the worst educated of any in the world, is a truth which those who are in a position to judge will concede, and which might be assumed from what everybody knows of the facility of obtaining degrees, or of the slight necessity of obtaining them at all.

The result of this might be expected to be that the community at large would begin to lose its faith in doctors. But not so, thinks an enterprising writer on this subject, Dr. Alexander Hutchins, of Brooklyn.* He maintains that in spite of such facts—that an important daily paper openly asserts that "expert testimony no longer occupies the place in public esteem it once held," when a well-known lawyer charges in open court that "you could buy the most honorable members of the medical profession as you could horses in the open market," and when a judge passes by the claims of the alienists and appoints a dermatologist and a gynecologist as a commission to examine a man on a lunacy writ—yet the fact still holds that the attitude of the community to the profession is eminently docile and receptive.

All legislation worth obtaining can be obtained; the family physician is as much a power in the household as ever; and the gullible public puts down its gullet about eighty million dollars' worth of quack medicine, and as much more of the authentic stuff annually, all on the faith of what it thinks is "medical advice."

Nevertheless, he warns us that this happy state of feeling may not be perennial. Some demon may whisper doubts in the public's long ears, and then it will behoove the doctors to be on the watch. It may be prudent that they have an education befitting their position, and Dr. Hutchins' suggestion impresses us as a wise and a timely one. It is very simple, and we give it in his own words:

* *The Reciprocal Attitude of the Medical Profession and the Community.* The Anniversary Address before the Medical Society of the State of New York, February, 1884.

"One may be justified in parting company with the practice of the period, and demand, in the interest of medical science, for the purity of medical art, for the maintenance of professional honor, and for the protection of the community, that the teaching and degree-granting authorities be *not* one and the same. Let the community, through its law-makers, legislate into control an acceptable judicial body, in which shall rest the decision of the fitness of candidates to assume the responsibilities, enjoy the honors, and reap the emoluments of professional life, and the sharp contests of dogmatic rivalry, the destructive wiles of medical harpies, and the weakening competition of medical schools, would be rapidly equalized in the 'survival of the fittest.' Fitness is, in some sense, a test of honesty, and this safeguard the community has a right to demand."

This may not be entirely new; it is not without precedent; and so much the better. We commend it as a sound plan, worth adopting in every State, which in the simplest manner possible would regulate the whole question of medical education.

NEUROSES OF THE VISCERA.

We are oftentimes called upon to treat cases that puzzle us very much, since it seems very difficult to account for the symptoms that present themselves, by reasoning upon any of the ordinarily taught doctrines of pathology. We will, for instance, be confronted with a patient who offers many of the symptoms of serious disease of the stomach, or of the bowels, or of the kidney, liver, or bladder, and yet upon careful physical examination we fail to detect any organic disease, and in time these trying symptoms vanish, and the patient complains of them no more.

Such cases are very trying to the physician, because he is at a loss to account for them, when, upon examination, he utterly fails to elicit the evidence of such pathological conditions as would suggest their raison d'etre.

Some time ago we referred to a condition of excessive pulsation of the abdominal aorta, noted more especially in women, which had oftentimes given rise to the suspicion of aneurism, when in reality there was no diseased condition present, the trouble being altogether functional, and nearly allied to what is best described as nervous palpitation of the heart. Dr. Clifford Allbutt (in this year's Gulstonian lectures) leads us further on in this direction, and describes what he is pleased to term the "neuroses of the viscera," which, while purely functional, yet generally simulate grave organic disease of the organ affected. Gastralgia, enteralgia, nephralgia, are all conditions allied to neuralgia of any other portion of the body, and yet so little written about that we are puzzled when a case comes to our notice. Ordinary neuralgia of the face is sometimes so severe, to use a homely phrase, that the whole system sympathizes, and for a time the afflicted person is really very sick, though there may be no organic disease; so with neuralgia of the stomach, of the bowels, of the kidney, or the liver, we may have the same reflex phenomena. The important practical lesson to be drawn from Dr. Allbutt's excellent lectures is that when we have a train of symptoms, apparently emanating from some organ, which, upon examination, we find to be healthy, we are to look upon it as a neurosis or a functional nervous derangement, due to some condition for which we must search. It may be a depraved condition of the general health, or it may be due to psychical causes, as mental depression from one cause or another; but whatever may be the cause, we must find it out and remove it, else we will continue to be puzzled by these *feigned* organic diseases.

THE MEDICAL ASPECTS OF SEA VOYAGES.

The English medical journals have been lately saying a good deal on the question of life at sea from a medical standpoint, both sides of the question, as is usual on almost all questions, having its advocates. There are some who claim that sailors are not particularly long-lived men, and hence they argue that sea-life is not particularly conducive to health. Their opponents point to the proverbially-reckless life of sailors when on shore, which they very justly argue is well calculated to counteract the benefits to health that are conferred by sea voyages. Again, the discomforts sometimes experienced on vessels are used as ar-

guments against the advocacy of this therapeutic resource. The truth seems to lie in a careful consideration of the cases that are likely to be benefited by sea voyages and the reverse. There can be no doubt that sea air is to most persons a tonic, and a most potent one; while it is equally recognized that to some it acts in just the opposite way. When a man, extensively engaged in business pursuits, is run down by too close application, mentally and physically, to his business, there cannot be devised a better tonic than a sea voyage; for not only is he exposed to the constant inhalation of a pure, bracing, and tonic atmosphere, but by the very isolation which it entails, his mind is relieved of its business worries, while each day brings with it merely another period of repose and quietude in lieu of the renewed business anxieties engendered by each new day at home. Even the busiest men are willing to be lazy and idle when under the subtle influence of a sea atmosphere, and day succeeds day in blissful and rejuvenating idleness. To the jaded and over-worked body and mind, a few days at sea will prove far more efficacious than all the drug tonics in the world.

Notes and Comments.

Ulceration of Bowel, with Copious Hemorrhage, Cured by Castor Oil.

Dr. Hildyard Rogers reports this case in the *Brit. Med. Jour.*, February 16, 1884:

Miss G., aged twenty-eight, was first seen on March 22, 1883. She had been suffering since the beginning of March from diarrhœa, accompanied by hemorrhage. Her father, mother, one sister, and one brother, are living and healthy. One brother died, at adult age, of phthisis. She was looking plump and well nourished, and had no pain. The tongue was clean, but red. Nothing abnormal could be made out on abdominal palpation. The heart and lungs were sound. There was no cough. The urine was normal. The rectum was slightly dilated. She had internal piles, which had bled occasionally, but not to any extent. She had always been regular and healthy. She had, since the beginning of March, been passing daily two or three loose motions, containing shreds of mucus and dark clots of blood. Temperature (morning), 101.3° Fahr.; pulse, 120. Between March 22 and May 9, the diarrhœa steadily increased in severity, and the blood changed from dark clots to a bright arterial color. At the latter date, the motions consisted apparently of little else than blood and mucus, and the bowels were acting ten or twelve times in the twenty-four hours. There was at times troublesome vomiting, and steady loss of flesh, but never during the course of the illness any pain, other than that arising from bed-sores and from the patient's general weakness. The most careful examination, as well as the character of the motions, showed that the blood did not come from the internal piles, or from the lower part of the bowel. The temperature ran an irregular zigzag course, rising at times as high as 103.4° Fahr. The pulse seldom varied, and was nearly always soft, compressible, 120 to the minute. There was never any tympanitis.

During this period (seven weeks prior to May 9) she was seen in consultation with Dr. Ogle, Dr. Bird, and the late Dr. Hilton Fagge, all of whom concurred in the diagnosis. Opium, belladonna, bismuth, cerium, logwood, nitrate of silver, etc., were found utterly useless. Suppositories and injections of various kinds were tried without avail. By May 9, she was reduced to a very emaciated condition, and was too weak to turn in bed. Food was taken with great difficulty, owing to the constant vomiting, and the patient's condition appeared almost hopeless. On May 9, she was seen by Dr. Gibson, of Newcastle, at whose suggestion drachm doses of castor oil each day were tried. Within twenty-four hours after taking the first dose, she passed a fæculent motion. The castor oil was repeated eight times up to May 20, and after this only occasionally. The temperature fell in forty-eight hours from 103° Fahr. to 99° Fahr., and never rose again above 100° Fahr. The diarrhœa rapidly abated, the stools becoming fæculent and healthy. No blood was passed after May 18. The patient rapidly regained flesh and strength, and, although bearing traces of the severe illness and physiological starvation which she had undergone, was able to go to the sea-side in July. In September, a slight relapse took place, but was easily cured by the same treatment; since that time, the patient has remained in good health.

Foot and Mouth Disease in Human Beings.

A very remarkable epidemic of aphthous sore throat has occurred in Dover, England, recently,

and so far it seems to have been connected with foot-and-mouth disease in a dairy. The outbreak has been very carefully investigated by Dr. Robinson, medical officer of health; and though his inquiries are not yet completed, he has laid a report on the subject before the Town Council. From the first, suspicion attached to a certain dairy in the town, but it soon became evident that all the milk sold there was not implicated. The dairyman, however, received milk from other dairy farms than his own; and at one of these, situated in the country, it was found that the cows had suffered from foot-and-mouth disease. Not only so, but amongst the customers of the Dover dairyman those who partook of cream alone were especially affected; and it transpired that the only cream sold at the Dover establishment was that received from the country dairy alluded to. Another circumstance connected with this dairy was that some fourteen persons who did not obtain milk from the Dover dairyman, but who had their supply from the affiliated country dairy, were affected. In all, we hear of 144 attacks; 130 receiving their milk from the Dover establishment directly. The special influence of cream, as conveying the *materies morbi*, was shown by the fact that the proportion of attacks in adults, as compared with children, was large, and many adults who took no milk had partaken of cream in their tea—some indeed doing so at the houses of friends on a single occasion only. The symptoms of the sufferers were shivering, followed by headache and fever, pains in the limbs, parched lips, and a vesicular eruption on the throat. In some cases the tonsils were enlarged, and in others they suppurated, the process being accompanied by enlargement of the glands. As already stated, the inquiry is not completed, and we are promised a further report from Dr. Robinson. When this is received, we shall doubtless be able to learn the precise proportion of attacks to persons using the implicated milk and cream, as also the number attacked in the town. That some should be attacked who did not partake of the milk, in no way invalidates the theory as to the source of the infection. We expect it will be shown that in such attacks personal infection may have come into operation, and that they were secondary cases, this question being essentially one of dates. That the milk of cows suffering from foot-and-mouth disease is capable of producing some definite affection in the human subject, has often been shown; but never, so far as we are aware, has there been an outbreak on so large a scale as that which is being investigated by Dr. Robinson. The occurrence is therefore one which has very special interest both to the medical and the veterinary professions.

Persistent Flaccidity of Uterus after Labor.

To a recent meeting of the New York Obstetrical Society (*N. Y. Med. Jour.*, April 5, 1884), Dr. Perry related the case of a lady, thirty-eight years of age, the mother of five children, the youngest being four years old. She had complained, since the birth of this youngest child, of bearing-down pain and inability to stand or walk, from the great pressure and weight in the pelvis. Menstruation occurred every three weeks, and lasted, with scanty flow, seven and eight days. On making a vaginal examination, he found the cervix in its proper position, but very short and flaccid, and, extending around it in a circular direction, a soft mass, apparently the result of a pelvic inflammation. On conjoined manipulation, the mass appeared very shallow, but nowhere could he find the fundus of the uterus. A sound was introduced, which penetrated but two inches. Not doubting that it was within the uterine canal, he essayed a little force, and with this was able to penetrate to the depth of eight inches, and, while doing so, found that the mass in the pelvis disappeared. He had, indeed, while forcing the sound upward, carried the uterine wall before it. An electrode was substituted for the sound, and a current of galvanism conveyed to the endometrium. This was done from day to day, without, at first, eliciting more than a slight flow of blood; but in time contractions followed, and finally sufficient firmness was established to justify the use of a vaginal support. At this juncture ergot and galvanism were used together, and a complete cure was eventually established. The patient had since become pregnant, and promised to do well. Dr. Perry thought this a case of subinvolution resulting from sudden and complete cessation of contraction after labor, leaving the uterus in a state of collapse; but he thought some might regard it as essentially a case of paralysis.

The Treatment of Orchitis.

Dr. H. M. Lawson recommends the following simple plan in the *Southern Med. Record*, March 20, 1884:

Take a piece of cheap, thin homespun, about three and a half inches long and three-fourths of an inch wide; double it the long way and sew the edges together; then fill with cotton, not too tightly, sew a button on one end and make a button-hole in the other; this, when buttoned, will

form a ring. All that is necessary in addition to this is a piece of the same kind of homespun four inches square. Apply as follows: Put the centre of the square piece of cloth to the centre of the swollen testicle below, bring the edges and corners up around, completely inclosing it, then button the ring around above the testicle, which will hold it in position. Now draw upon the edges and corners of the square piece all around until sufficient compression is made. The sound testicle is to be left above the ring.

If too much compression is made, it is easily removed by drawing the cloth in the opposite direction: it is easily increased or diminished at will. Its other advantage will be apparent on using it. Easily obtained, applied, and adjusted, I feel sure that no one who tries this method will afterward use any other.

Septic Pneumonia of Children.

In the *Deutsch. Arch. für Klin. Med.*, December, 1883, Silbermann publishes an article on this subject which thus concludes:

1. The septic pneumonia of infants and nursing children, and which begins as a tracheo-bronchitis, is a catarrhal, and very often a foreign-body pneumonia.

2. It begins by the aspiration of decomposing amniotic fluid and genital secretions, or by the inspiration of strongly-infected air from some septic disease of the mother.

3. Septic pneumonia of infants frequently accompanies diseases of the pleura, but seldom of other organs.

4. The alveoli and bronchi of the lungs of children dead of septic pneumonia are filled with bacteria.

5. The blood shows an increased amount of white globules, and a broken-down condition of the red.

6. Icterus is not a constant accompaniment of the disease.

7. The time at which the disease occurs is from one to two days after birth, and death usually takes place in about two days.

Hydrops Amnii and Change in Presentation.

Dr. N. O. D. Parks, of Ashton, R. I., writes to the *Med. Record* that he was called to attend a woman who had been in labor for over twelve hours. The pains were feeble, but after some hours improved. Examination showed a head presentation, os well dilated. The pains then ceased again, and the patient got up and walked around. There was evidently a very large amount of liquor amnii, though the membranes were not ruptured. When the pains returned, examination showed that the foot was presenting instead of the head. Dr. Parks quickly ruptured the membranes and seized the foot, but found it hooked over the head. He finally disengaged it, and completed the delivery. "The points of interest in this case," continues Dr. Parks, "are the rapid and alarming change of presentation, and the difficulty in delivery arising from the foot becoming hooked around the child's neck. The fœtus had evidently been floating about in more than a gallon of liquor amnii, and constantly changing its position; and the lesson I would derive is in every case of hydrops amnii to rupture the membranes *the moment you get a favorable presentation, without waiting for a pain*, irrespective of the condition of the os."

Creasote Poisoning.

The *London Med. Record*, December 15, 1883, says that Dr. Pürckhauer (*Friedrich's Blätter für Gerichtl. Med.*, 1882, p. 430) publishes an elaborate account of a fatal case of creasote poisoning, with the remark that only two cases of poisoning by creasote have previously been recorded—one by Müller (*Würtemb. Correspondenzblatt*, Band xxxix., No. 42, 1869), the other by the writer of this notice (*Guy's Hosp. Rep.*, 1875, p. 44), a non-fatal case. In Pürckhauer's case, a child ten days old received, as was computed, 24 to 30 drops of undiluted creasote. The symptoms were developed almost immediately, and were very like those produced by carbolic acid; injection and inflammation of all visible parts with which the poison came into contact, salivation, extremely contracted pupils, difficult respiration, imperceptible pulse, coldness of the extremities, profound coma, and loss of reflex activity. The child did not regain sensibility, was convulsed, and died sixteen hours after the administration of the poison. The necropsy showed lesions similar to those following the administration of carbolic acid—corrosion, local inflammation of the alimentary canal, dark blood, injection of the capillaries, and an all-pervading odor of creasote throughout the body.

Cold and Position in Strangulated Hernia.

With the view of demonstrating the advantages to be derived from a combination of these two resources, Dr. Geo. C. Kingsbury thus writes to the *Brit. Med. Jour.*, March 15, 1884:

I have recently had two cases of strangulated

hernia; both were severe, and had lasted many hours.

In the first, taxis, warm bath, opium, and chloroform had been tried without effect; the patient had begun to vomit. The foot of the bed was now raised high enough to rest on an ordinary chair, and an India rubber bag full of ice was placed over the tumor. After waiting an hour, taxis was again tried, and the tumor had scarcely been grasped when it began to yield, and the bowel was readily returned.

My second patient had the misfortune to be drunk, when he ruptured himself during a wrestling match. It was not until the next morning that he discovered his condition; and even then, not knowing exactly what was amiss, he waited to try if a dose of castor oil would cure him. In this case, simple taxis having failed, I at once adopted the same measures as before, and, in about three-quarters of an hour, was able to reduce the hernia with ease.

Sponge-Grafting of Sinuses.

Who has not had his patience severely tried by obstinate sinuses that would not heal, do what he might? For such, Dr. W. Winslow Hall casts a ray of light into the darkness, when he tells (*Edinburgh Med. Jour.*, March, 1884,) of an obstinate case which he has cured. There were several sinuses on the forearm, lined with a tough, dense membrane, which would not heal properly, notwithstanding that he injected stimulating lotions, laid them open and resorted to all the usual devices. Finally, he hit upon the idea of sponge-grafting, which he thus carried out. A strip of fine sponge, one and a half inches by a quarter inch, had been soaked in dilute nitro-muriatic acid for twenty-four hours, then washed in water, soaked in carbolic solution for twenty-four hours, and washed a second time in water. This was tied to a piece of thin catgut threaded on a long needle. A director was thrust to the bottom of the sinus; the point of the needle was passed down to the end of the director, and was then brought through the skin. The director was withdrawn, and by pulling on the needle and catgut the sponge-strip was made to fill the sinus from top to bottom. The catgut thread was cut off at the level of the skin, and the wound was dressed with carbolic oil.

Some months afterwards, the patient reappeared at the hospital to show his arm. There was a small pliable cicatrix, but otherwise the limb would have been taken for a normal one.

Post-partum Prolapse of Vagina.

Such a case as Dr. Blenkarne reports in the *Brit. Med. Jour.*, March 22, 1884, is by no means usual. After the birth of the child he found a semi-globular protrusion, about the size of the upper part of a six-months fœtus's head, the surface shining, and of a dull reddish color, not looking at all unlike a fœtal head covered by the amnion. On further examination he found that there was continuity of tissue between this protrusion and the external parts of the mother, that is, of the left buttock. The uterus was in its normal position and well contracted, and there was scarcely any hemorrhage. The urethra seemed pulled out of position, for, on attempting to pass a silver catheter, he could not pass it beyond three-quarters of an inch or so, and it appeared as if that passage were bent upon itself. The rectum was in its normal position. Upon attempting reduction of the tumor, he found that he was unable to do so to any great extent. He attempted taxis, and after some trouble (and without giving chloroform), the tumor, at least the greater part of it, was reduced.

Resection of the Lung: An Old Operation.

It would truly seem that there is really nothing new under the sun, for Dr. Bonfigli sends to the *Gazzetta degli Ospitali* a curious and interesting case that he has extracted from an old medical author, Nicholas Tulpius, of Amsterdam. A piece of lung about three fingers' breadth protruded through a large wound under the left nipple. The wound was altogether neglected for at least two days. The protruded portion of the organ then being found dead, was ligatured, and was cut off with scissors. It weighed about three ounces. The wound healed within a fortnight, with the viscus united to it, the latter point being verified six years later by section of the parts. Celsus and Hippocrates are quoted in support of the treatment adopted. Touching this case, it is of interest to remark that Dr. Biondi, from his experiments on animals, concludes that the removal of a lobe or the whole of a lung is, in a great number of animals, well borne. The operation in the human subject, however, performed three times lately with a view to cure (twice by Ruggi, of Bologna; once by Block), has as yet had only a fatal issue.

A Rare Form of Laryngeal Neurosis.

Although the condition to which Dr. P. McBride refers in the *Edin. Med. Jour.*, for March, 1884, is not particularly new, since it was described by Char-

cot in 1876, it is yet sufficiently rare to deserve notice. The condition can best be described by quoting one of Charcot's cases. A patient, who complained of gout and cough, but was certainty not epileptic, was from time to time, after a slight cough, affected by vertigo without loss of consciousness. During these attacks he fell down, without a trace of convulsive movement, but very soon recovered, and got up. These seizures were first noticed when the cough began. The attacks may vary in frequency and intensity, consciousness being sometimes absolutely lost. After discussing the mechanism of these attacks, Dr. McBride comforts us by stating that the prognosis is very favorable, since only one death has been recorded, and that the disease is very amenable to treatment, which we presume would consist in removing any local cause of irritation that might exist, or in allaying the excessive irritability of the laryngeal nerves by suitable means.

Topical Cardiac Blistering in the Treatment of Acute Rheumatism.

Dr. Neil O'Donnell Parks recently told the Rhode Island Medical Society (*Med. News*, April 5, 1884,) that he had employed this mode of treatment in seven cases, and in one of them no other measures whatever were used; the result being in this, as in the other cases, a prompt and complete cure. In the remaining cases, salicyn, or one of its allied compounds, and ammonium carbonate, were given internally. Oleum gaultheriæ was used in some instances—internally in doses of fifteen drops once in two hours, and applied locally to the inflamed joints, combined with an equal amount of lin. camphoræ comp. The series described included cases of acute articular rheumatism, and rheumatic gout, so-called. In some of the cases an endocardial murmur was present. Usually, one blistering sufficed, but in case of relapse it was repeated. The writer expressed his belief that we have, in the method under consideration, the most valuable adjunct to our means of successfully treating rheumatism.

The Treatment of Ruptured Perineum by Iodoform.

The *London Med. Times*, February 23, 1884, says that a recent number of the *Zeitschrift für Geburtshülfe und Gynäkologie* contains an article by Dr. C. Behm, on the above subject. He points out that in the region of the vagina and perineum the efficient application of the ordinary kinds of antiseptic dressing is very difficult, if not impracticable, on account of the unavoidable fouling of them by urine and fæces. Iodoform has the property of closely adhering to wound surfaces, over which it forms a felt-like covering, difficult of detachment. It is, therefore, peculiarly suited to the needs of the ano-vulvar region. The method which Dr. Behm recommends, is the painting the surface of the wound with "iodoform-collodium" (iodoform one part, flexible collodium ten parts). He believes that the protective film thus formed does not act as a foreign body, and prevent primary union, but that, on the contrary, by checking secretion, it favors this mode of healing.

The Reality of Gastralgia.

Speaking of neurosis of the viscera, Dr. Clifford Allbutt, in the *Brit. Med. Jour.*, March 22, 1884, argues strongly in favor of the reality of gastralgia, instead of considering it as an hysterical manifestation, and after citing many good reasons for his belief, concludes thus:

"And now, gentlemen, have I succeeded in enforcing that which you already know—namely, that all the symptoms I have discussed to-day form, not only a consistent, but a very uniform series? Few maladies present a more definite series, or one more capable of rational explanation. Is it not one of the last maladies to be classed with those of irregular, capricious, and fanciful evolution? Shall we then say, as the authors of our text-books do to this moment, that gastralgia is, for the most part, a malady of hysterical woman?

Calcium Sulphide in Diabetes Mellitus.

The variety of drugs that have been recommended for the cure of this very imperfectly understood disease, offers strong presumptive evidence of the inutility of them all. However, we must record what seems worthy on the subject. Dr. C. M. Cauldwell (*N. Y. Med. Jour.*, April 5, 1884), has used calcium sulphide in three cases; in one it produced no effect whatever, in the others improvement began and recovery took place during the administration of the remedy. The dose is $\frac{1}{4}$ to $\frac{1}{2}$ grain three to five times daily. Dr. C. concludes that although calcium sulphide is certainly not a specific in diabetes, yet it seems worthy of a trial in persistent cases of this distressing disease.

A Noteworthy Umbilical Hernia.

In the *Brit. Med. Jour.*, March 22, 1884, Dr. Trevor Fowler reports a case of operation for um-

bilical hernia which possesses the following points of interest:

1. The recovery of a patient, at the advanced age of sixty-eight, from so serious an operation.

2. The radical cure of the hernia, which appears to have been accomplished by inflammatory adhesions about the neck of the sac sealing up the ring, which then became consolidated by granulation and contraction of the wound.

3. The illustration which the case affords of the value of pushing opium, and of the absolute safety with which this may be done, provided it be only given, as here, in small doses at a time, at frequent intervals, and with strict injunctions to the nurse that the patient is never to be awakened for his dose.

An Anodyne Mixture Without Opium.

℞.	Chloroform,	.100
	Ether. sulphur. spts.,	.025
	Tinct. cannabis,	.175
	Acid. hydrocyan. dil.,	.030
	Hyosciamia,	q. s.
	Ol. menth. piperit.,	.003
	Tinct. capsici,	.003
	Alcohol, 95 per cent.,	.350
	Glycerine,	ad. 1.000

Dose, 10–30♏.

Dr. A. P. Meylert writes to the *Med. Record* that it has given him no little anxiety to find a suitable anodyne for patients cured of the opium habit. In attacks of intestinal colic or neuralgia, to which they are subject, any preparation containing morphia is necessarily excluded, since it would at once bring back the old habit. The above formula is the result of various experiments, and has been used with good results in his cases. Perhaps its publication may lead others to relate their experience likewise.

Gun-shot Wound in a Child of Eight Months.

Dr. E. B. Ward, of Greensboro, Ala., sends to the *Med. Record*, April 5, 1884, the history of a peculiar case of gun-shot injury. An infant of eight months was accidentally shot in the forearm, a charge of bird-shot lacerating the extensors, splintering the bones and elbow-joint. The infant recovered from the shock. Twenty-four hours after the injury, Dr. Ward amputated the arm just above the elbow. The operation had to be performed without intelligent assistance, but the patient made an excellent and rapid recovery.

—Dr. Sig. Friedmann reports the successful expulsion of tape-worm in ten cases, by the use of tannate of pelletierine.

CORRESPONDENCE.

Case of Renal Calculus.

EDS. MED. AND SURG. REPORTER:—

Mr. D. V. D., æt. 27, of bilious temperament, began to complain of dull aching pain in the lumbar region in June, 1883. Being hard worked mentally, and of a very sedentary habit, I attached little importance to his frequent, yea, almost constant complaints, till in October, when he was taken down with nephritic colic. This was relieved in the usual way with morphia hypodermically, etc. Contrary to the rule in a majority of these cases, the attack recurred again and again. Confirmed then in the opinion that I had an impacted, or, at least, a calculus in the kidney to deal with, I gave him all the usually prescribed remedies for the solution of the stone. But my hopes were blighted every time, till in January, 1884, I concluded to order lithiated hydrangea. (Lambert & Co.) I prescribed it in drachm doses four times a day. The patient, who, by the way, is a student of medicine and very intelligent, expressed himself in a few days as feeling better. He had only one attack of colic during the time he took the first bottle, and when he had used the second bottle he had a very light attack, in which he passed a skeleton-stone, *i. e.*, a mere shell. He is still using the medicine, but has had no return, and to all appearances is well. I have used the hydrangea in only one case of cystic disease outside that reported above, but with favorable results.

THOMAS M. JORDAN, M. D.

Hookertown, N. C.

Chronic Nasal Hemorrhage.

EDS. MED. AND SURGICAL REPORTER:

In the issue of April 5th of your valuable journal, I notice a correspondence by W. S. F., on a case of "Chronic Nasal Hemorrhage," in which the writer asks for advice.

It has been my fortune, or rather misfortune, to have seen a number of cases of chronic nose-bleed, and been called upon to treat them. The causes of this affection are so varied that I shall have to content myself with mentioning only a few of them which seem the most likely to be the origin of the bleeding in W. S. F.'s case.

Foreign bodies which children frequently push up into the nostrils cause ulceration of the mucous membrane when allowed to remain, and thus a small vessel is frequently opened, giving rise to hemorrhage more or less profuse. Nasal polypi, particularly of the fibrous variety, have a tendency to bleed spontaneously, and so have hypertrophies of the nasal mucous membrane. But a few weeks ago, I saw a case of chronic nose-bleed caused by a small aneurism situated in the mucous membrane covering the lower turbinated bone on the left side of the nose, which had been opened by ulceration. Another very frequent cause is a small ulceration at the lower portion of the cartilaginous septum, which is perhaps caused and kept up by the picking with the finger nail. Any one of these causes may be present in the case in question, but it is most likely that there is either a foreign body or polypus in the boy's nose, since the doctor states that the voice has a

nasal tone, indicating obstruction. It is not likely that there exists any hemorrhagic diathesis, since only one nostril bleeds, and no mention is made that the child bleeds excessively when the skin is broken in other parts of the body.

In regard to the treatment of these cases, the first step should be to cleanse the nostril from all clotted blood, and carefully examine the mucous membrane of the cavity for the bleeding spot, or for the cause, be it a foreign body, tumor, or hypertrophy. When found to be one of the latter, it should be removed by surgical means that will readily suggest themselves; but if it should be a simple ulceration on the septum, it should be touched with solid nitrate of silver, and the patient directed to keep his finger-nail away from it. There is no good in plugging the nostril with cotton soaked in astringent solutions, except when the hemorrhage is so copious as to be alarming, and then the plug should be taken out as soon as possible, and the cause removed.

There can be no evil effects following the cure of such cases, since the hemorrhage is not natural. On the other hand, the removal of the cause of the hemorrhage in the case of the boy, would rather tend to remove the anæmic condition and improve his general health, and particularly do away with the headaches which are due to pressure within the nasal cavities.

CARL SEILER, M. D.

Philadelphia, April 7.

NEWS AND MISCELLANY.

Kentucky State Sanitary Council.

(*Concluded from page* 477.)

"All crystallized sugars which have not been adulterated are comparatively harmless. Persons not taking much exercise, who take large quantities of sugar in the form of saccharose, will be able to dispose of no more than the amount of physical exercise and the demands of the vital forces require. To convert the saccharose into glucose is the natural course in the digestive process. Starchy foods, as is well known, must be converted into glucose in the normal process of digestion; but if they be so converted and then introduced into the digestive organs, indigestible ferments are produced and dyspeptic disturbances follow.

"Now, to return to the consideration of fruits. It must not be forgotten that all the ripe fruits, freshly taken, may be eaten in considerable quantities without detriment, and in most cases with advantage to the economy. Fresh ripe fruits assist the digestive organs in disposing of cured meats and of fatty matters; and whilst they contribute nothing of material value to the nutrition of the system, they are able to sustain life for a long time. When over-ripe, they cause fermentation in the alimentary canal, diarrhœa, and painful disturbances of the alimentary tract.

"Unripe fruits contain an indigestible and highly irritating substance, called 'pectose.' It has the marvelous power, when brought into contact with the gastric and pancreatic juices, of producing cells, identical in appearance and functions with yeast-cells found in the liver and kidneys, and even excreted in the urine in diabetes mellitus. Eklund's observations, extending over a period of twenty years, published in the *Medical Herald*, August, 1883, tend to show that diabetes mellitus is the result of the growth of yeast-cells in the liver.

"What shall we say, then, of the dangers attending the use of cooked, unripe and over-ripe fruits? In a record of 9,012 cases of so-called naso-pharyngeal catarrh, 8,062 had well-marked lymphatic engorgement with enlarged tonsils, 8,654 confessed to the habit of eating cooked fruits, confections, and pastries daily. Out of 391 cases of tuberculosis, a persistent aversion to all kinds of animal foods existed in 254; of this latter number, not one recovered. Of 386 cases of persons emaciated and suffering chronic catarrh, change of diet and habits of life produced astonishing results—the longest period of time in any case of complete recovery being 8 months, the shortest 120 days. It is a little remarkable that the complete recoveries in the whole list were about equal in number to the consumptives who died. The most favorable subjects for treatment were those under thirty years of age. Animal diet in the form of fresh meats, milk, butter, and cheese, having been adopted to the exclusion of those articles believed to be noxious, allowing a liberal supply of vegetables and of ripe fruits uncooked, never failed to develop marked improvement independently of treatment. Tea should be prohibited, while the use of well-diluted alcoholic liquors, especially at dinner, is often necessary to stimulate the appetite for animal food, and to increase the capacity for digestion.

"Thus it would appear that domestic and personal hygiene should include the supervision of the diet, and that here lies the greatest field for the popular and general work of preventing disease.

THURSDAY.

Morning Session.

In the absence of Mr. Troutman, of Shepardsville, who was to have read a paper on "The Hygiene of Small Towns," Dr. Joseph McCormack, of Bowling Green, said:

"The dangers to which small towns are liable, arise in the main from the contamination of the soil and water by human excretions and kitchen slops, and the hygiene of towns without sanitary police inspection has reference mainly to the removal of these filthy products and a proper disposal of them. Systems of sewerage can not be advocated, because they can not be operated without a water system, and are too expensive. He recommended, therefore, the 'Pail System,' in successful operation in Lynn, Mass., and several smaller towns in Michigan and other parts of the United States. The system involves the idea of the construction of outhouses without vaults, the place of which is taken by large pails with a capacity sufficient to make their removal necessary once a week, and these to be removed by scavengers to convenient places for admixture into compost." This he stated had been done in many smaller towns at a cost of but $2.60 per annum to each family, this including the expense of preparation for the operation of the system. The dis-

posal of kitchen-slops could be effected only partially by avoiding the practice of throwing them in one spot, and taking care to throw them in the winter where the garden will be made the following year, thus enriching the ground. The paper was freely discussed, especially with reference to what are called "the filth diseases," such as typhoid fever, yellow fever, and diphtheria.

Prof. J. W. Holland, of Louisville, read a paper on the subject of the contagiousness of consumption. He referred to an epidemic of acute consumption which occurred at a nunnery situated in Indiana, where one person having the disease and living in constant association with others, in the short space of nine months communicated the disease to nine other individuals, five of whom have died of the disease, two are rapidly sinking and will die soon, while the remaining two have the disease in a less virulent form and of a more chronic character. In these cases death will not result for perhaps several months, but these individuals will probably die of that disease in a comparatively short time.

The speaker then entered upon the consideration of the causation of the disease by the germ called "bacillus tuberculosis." There are a great variety of microscopic plants floating in the atmosphere we breathe, in the water we drink, in the food we eat, and which are constantly, therefore, being taken into the system, yet they do not all produce disease; on the contrary, many of them are salutary. In order to secure these bacteria of various kinds for microscopical inspection, it was discovered that by placing a boiled sliced potato exposed to the air there collected upon it a mold made up of these germs, which, having settled upon it, there found a suitable soil in which to grow and reproduce themselves. They present to the naked eye a variety of colors—red, green, and blue—when grouped together; and it was observed that one of these groups, being transferred to a fresh potato, always produced more and more, having the same color—red always produced red, and blue always blue. A peculiarity of one class of these germs was discovered to be a special affinity for the stain from aniline-coloring fluids. This class of germs, after having been transferred from one fertile medium to another, and allowed to grow through a series of fifty trials or more, was found to be the same.

These, after this series of trials, being injected into the blood of an animal, there found a suitable soil in which to grow, and multiplying themselves rapidly produced an infectious disease. The blood of this animal then being examined was found to contain these germs, and a drop of it being again placed upon sliced potatoes began again to produce germs identical with those produced before the series was broken, and thus they always remained the same. It was now discovered that one class only of these germs was capable of receiving a stain in a peculiar way. This class, after a series of reproductions, being injected into the blood of an animal, caused a disease identical in its manifestations and terminations with consumption. Then it was discovered that the sputa of consumptive persons always contains this particular bacillus, and that these can in like manner be cultivated upon gelatine indefinitely and always retaining the same characteristics, and, after this cultivation, being injected into the blood of an animal produced consumption. This class was therefore named the bacillus tuberculosis. It is argued that if this bacillus is able to produce consumption in the lower animals, and if it is always found present in the sputa of consumptives and the tubercle itself, it is therefore the cause, and not a product of the disease. It is held that it produces its fearful work in the system by its power of rapid reproduction, one of these germs being capable of reproducing and multiplying to the amount of 40,000, or even 1,000,000, in a single day; that being foreign bodies, indeed bearing the same relation to the tissues of the organs in which they grow and reproduce themselves that the trichina spiralis of diseased pork does when it gains entrance into the system, they, by their rapid reproduction, insinuate themselves into the tissues of the lungs and other organs to such a degree and in such quantities as to produce constant irritation and inflammation.

Another factor necessary is the susceptibility of the person, which bears the same relation to this germ that fitness and fertility of soil bears to seed. That susceptibility is always great in proportion as the system is debilitated, whether that debility be a part of individual peculiarity which we at present recognize as hereditary, or whether it be acquired through exposures that lessen vitality, overwork, insufficient clothing, food, pure air, sunlight, or any other of the depressing causes that produce it by lowering the vitality of the system.

A few words may not prove uninteresting as to the peculiarity with which these germs called bacillus tuberculosis receive and retain aniline coloring dyes. As a matter of fact all these germs, whether harmless or virulent, will receive these stains; but so far as investigations have been pursued it is known that this germ both receives and gives up its stain much more slowly than the others with which it may be associated. Then when all together have remained in a coloring fluid sufficiently long to be stained, the quick action of an acid upon them decolorizes all but this particular class, which, as has been already said, receives and gives up its stain slowly. Then a short immersion in another colored fluid suffices to restain those just discolored, without affecting the bacillus tuberculosis, which now under the microscope appears separate and distinct.

The practical bearing of this subject upon sanitation is this: If consumption be due to the combination of two factors, neither of which alone can operate to produce the disease, it would seem a rational conclusion that by preventing, if possible, these two causes from combining, the disease can be prevented. Might not then many cases of consumption be prevented by preventing persons who have inherited or acquired this condition of debility from association with persons known to have consumption, and in whose presence these bacilli are most likely to be rife?

In the afternoon, Prof. H. J. Greenwell, of Bardstown, read a paper on the subject of the importance of hygienic instructions by physicians in attendance upon the sick.

Prof. Wm. J. McConathy, of Louisville, then read a paper on "Hygiene in the Public Schools." This had reference particularly to the subject of

ventilation and heating of the buildings, but perhaps more particularly to some of the faults in the methods of teaching. As the reporter understands it, he thinks there are better and more nearly natural methods of teaching than by confinement of the attention of the child to so many text-books. The rules to some extent governing its physical welfare, he thinks, can be sufficiently impressed to guide the child often in its conduct. and conduce to its health and well-being.

Prof. J. A. Tanner, of Louisville, discussed and illustrated the subject of adulterations of food.

In the discussion of the proposed sanitary legislation in Kentucky, all seemed deeply interested, and many participated, Judge Wyckliffe expressing it as his opinion that the bill regulating the practice of pharmacy should be increased and made applicable to every portion of the State, without reference to the number of inhabitants of any particular section. He spoke at some length on the importance of the adoption of the bill regulating the practice of medicine.

At the close of the discussion, the convention, constituted of the citizens of Bardstown, Nelson county, and visitors, unanimously resolved that the bill to increase the efficiency of the State Board of Health, the bill to give effect and practical enforcement to the law intended to protect citizens of Kentucky against the dangers of empiricism and quackery in the practice of medicine, and an amendment to what is known as the State Pharmacy Laws, so as to make these apply to the protection of the whole people in every part of the State, should be enacted by the present Legislature; and it was resolved also that the foregoing should be presented to the Committee on Sanitary Regulations by the Permanent Secretary of the State Sanitary Council, Dr. J. N. McCormack.

Evening Session.

Dr. Dudley S. Reynolds, Chairman of the Nominating Committee, reported as follows: For President, Mr. George Baber, of Louisville; First Vice President, Dr. A. Crawford, of Bardstown; Second Vice-President, Prof. William J. McConathy, of Louisville; Third Vice-President, Prof. L. Eddy, of Danville; Fourth Vice-President, Dr. A. D. Rodman, of New Haven.

The report of the committee was, on motion, unanimously adopted.

Mr. George Baber, editor of the *Sunday Argus*, of Louisville, then read the following paper on "The Relations of the Press to Sanitary Reform:"

"The press is at once an obedient servant and a masterly power. It serves everywhere the common weal, and is the greatest foe of public wrong. Its influence embraces the scope of civilization. Its relations are as numerous as human wants. Wherever felt, it awakens thought and arouses action. It fosters progress and aids reform. It develops opinion, inspires effort, and directs each movement of the state. It is a patron of science, a champion of law, and the vital factor in every benevolent work. It seems befitting, therefore, on an occasion like this, that some words should be kindly uttered for the press. The work which engages this Sanitary Council involves the appliances of science, the authority of law, and the aims of popular beneficence. It is the problem of the State's supervision of the public health. This problem, in its practical form, though comparatively new in Kentucky, has been surely coming to the front. It is superior, in fact, to every issue in politics, and above all cunning of the statesman's craft. It concerns every citizen's hearthstone and home. In 1868 the first step was made to organize sanitary work in the State, but its progress has been rapid and great. It is hailed already as a crowning merit. It has awakened the zeal of the medical profession. It has won the sympathy of the people. It has secured substantial though inadequate assistance from legislation. It has produced this enlightened body, and enlisted the support of the press. The latest experiments in the solution of this problem have magnified the value of sanitation, and justified the prophecy of the learned Henry Bowditch, who said, 'This business of governmental attention to public health is to be one of the great labors of the coming centuries in all civilized countries.' To this great labor the press must always bear an essential relationship. It can vitalize or it may destroy; it can build up, or tear down the cause. Its relation to the work in Kentucky should be that of encouragement to every faithful participant. It should uphold the State Board of Health, and cooperate with this Sanitary Council. The cultivation of a healthy public sentiment on this subject is as necessary as the use of disinfectants to purify the atmosphere. The best undertakings are often assailed by the malaria of prejudice—a poison that has frequently proved fatal to plans that would otherwise have become vigorous, thrifty, and blessing-full to mankind. Kentucky has too much of this poisonous air. It dwarfs personal endeavor. It deters public enterprise. It hurts the whole State. It keeps Kentucky lagging in the march of progress. In this condition of affairs, the press finds a great duty to perform, and its health-giving influence should be bravely applied to the task. The prejudice which ignorance has arrayed against sanitary reform must be driven away by its power. The work now done in the organization of sanitary boards in Kentucky is mainly the result of personal effort. In one hundred and nine of one hundred and seventeen counties, local boards have been formed under the auspices of the State Board of Health; but the aid from the State itself has been small. In some of these boards the element of usefulness, in others, the spirit of indifference prevails. In the best, as in all of them, there is need of encouragement and light. The advancement of the past decade has still left ample room for the development of popular sentiment and for awakening public thought on the subject. This task remains to the press. It constitutes, in fact, its principal relationship to sanitary work in Kentucky. In regard to this, as to every public work, the duty of criticism is important. The newspaper cannot ignore it. Criticism, however, should be thoughtful and timely, lest it be simply hurtful; nor should it exclude that noble sense of justice which appreciates honest effort, whether successful or not. The faithful physician who devotes to this reform both time and labor, cannot be infallible, and deserves generous treatment from the press. He is entitled to its aid. His faults need not be magnified, but his merits should be given that hearty recognition which dignifies the giver and fills the recipient

with strengthened joy. It may be said just here, that no vocation among men does so much unpaid toil of hand and of brain as the medical profession. Its good deeds are done wherever human suffering is seen. The ravages of flood and of storm, the relentless epidemic, the casualties of river and of rail, the wounds of battlefields, the sick of the hospital and the hut, alike command the service which is ofttimes given for neither charge nor pay. It is the good Samaritan among vocations. It is the poorest paid of the race. In fact, it is that profession 'whence comes the skill and wisdom to apply to the myriad uses of man the laws of nature; which tames the fiery spirit of the air, and transforms into faithful and unwearying servants the blind, unreasoning forces of the earth.'

"The press is the natural ally of such a profession. It is its brother in humanity's cause. It is the link that binds it to the welfare of the State. The press, therefore, must be employed to remove the obstructions to sanitary reform, honoring at once the workers and the work. Legislators and Governors feel its influence and are moved by its power.

"Thomas Carlyle, the famous author, perceived this fact when he quaintly said, 'Great governors, clad in purple and insignia, are governed by their valets, by the poutings of their women and children, or, in constitutional countries, by the paragraphs of their able editors.' And, in portraying the effect of organized popular thought when directed by the press in favor of great reforms, the same immortal writer said: 'Ever louder rises the plaint of such a multitude into a universal, continual peal of what they call public opinion. What king or convention can withstand it?' Public opinion is the formulated power of the press, and its potent influence is needed for the cause of sanitary reform in Kentucky. Historical evidences show that sanitary science and the printer's art are alike hoary with age. One thousand years have elapsed since the art of printing, antedating the crude contrivances of the German, Gutenberg, was discovered in Japan, where, in the eighth century, it was originated by a woman, the Empress Ghyantoka, and hid for centuries among the mysteries of the ancient kingdom. But sanitary science is older than the press. It is older even than Æsculapius, the founder of the healing art, whose gifted sons were the physicians of Homer. Though it be true that proper methods of ventilation are comparatively new in America, yet we are told that experiments at the pyramids in Egypt show that 'those Egyptian tombs were ventilated in the most perfect and scientific manner.' Near three centuries ago, sanitary appliances were well defined and conspicuously useful in Britain. To the sanitary police controlled by the Royal Society of England's capital, in restricting the plague of 1665, and in suppressing the conflagration that enveloped London in 1666, Macaulay has ascribed 'the changes which, though far short of what the public welfare required, yet made wide differences between the the new and the old London, and probably put a final close to the ravages of the pestilence.'

"The importance of sanitary law has had an uncertain growth since the conception of medical science first dawned on the genius of Hippocrates and Galen. Its pathway has been up and down, through the vicissitudes of a hard struggle for recognition. It has verified a memorable axiom of Rudolph von Ihring, who pertinently said: 'All in the world has been obtained by strife; every principle of law which obtains had first to be wrung by force from those that denied it.' It would seem that Kentucky should be foremost in this struggle for sanitary reform. The State is rich in the annals of the medical profession. It has ever been a prominent seat of medical lore. Within its limits, at Lexington, was established the first medical school west of the Alleghanies. The State has given to the profession many bright names: McDowell aad Dudley, Brashear and Briggs, Yandell and Gross, Mill and Bell, have illumined Kentucky's medical fame, and their example should inspire with zeal the courageous men who are giving now both time and labor to sanitary work. The work is vital to the State. Difficulties are in its way, but they are not insurmountable. They will yield before the progressive spirit that fills and impels the present generation of Kentucky. The croakers must stand aside. They should not have one inch room. The atmosphere of the State is uncongenial to the impractical vagaries of Herbert Spencer on the subject. Kentucky must be true to the fame of her great sons, and up with the strides of her sister States. A general Board of Health and a system of sanitary reform must be maintained liberally by the state. Perfection in the work cannot be reached at once. It is necessarily a gradual growth, and the mission of this Council is wisely and patiently looking to the end. The future conquests of medicine, despite the antiquity of science, are destined to exceed the achievements of the past. The profession looks forward to an ever-brightening future. Its discoveries can be limited only by the domain of human thought, and the day will come when fulfilling the prophecy of Sir James T. Simpson, the followers of Æsculapius 'shall be familiar with the chemistry of most diseases; when they shall look upon the cure of some maladies as simply a series of chemical problems and formulas; when medical men shall be able to stay the ravages of tubercle, blow out fevers and inflammations, avert and melt down morbid growths, cure cancers, destroy all morbific growths and ferments, annul the deadly influence of malaria, and by these and various other means, lengthen out the average duration of human life.'

"Kentucky presents a varied field for sanitary reform. The water-courses that bind the State's extensive borders; the recurrent floods that overflow our towns, devastate fields and imperil human life; the increasing number of our prisons and their inmates; the care of our asylums for the deaf, the blind, the feeble-minded, and the insane; the growing needs of our cities in reference to systems of sewerage and drains; the expanding populations that occupy districts which actually harbor contagion and malaria—each and all of these, in their relation to medical science, afford to the Kentucky student of sanitation exhaustless opportunities for investigation, study, and for work. The progressive press of the State is awaking more and more to these great facts. It perceives the broad field they offer to the devotees

of sanitary science. It hails with pride the deliberatons of this Council. It is ready to assail with destructive force the obstacles that oppose it, and to you may be safely pledged to-day its generous aid in putting Kentucky foremost in the cause of sanitary reform."

An erudite and well-digested presentation of the importance of introducing the study of the rudimentary principles of sanitary science into all the public schools was made by Dr. J. N. McCormack, of Bowling Green.

Rev. Father O'Connell concluded the exercises in a humorous and entertaining criticism of the principal essayists who had contributed to the work of the Council.

On motion, the Council then adjourned, to meet on the first Tuesday of October next at Danville, Ky.

The American Medical Association.

The Chairman of the Section of Practice of Medicine submits the official programme for the meetings of the Section of Practice of Medicine, to be held in Washington, D. C., Tuesday, Wednesday, and Thursday afternoons, May 6, 7, and 8, 1884.

The following special subjects have been promised, and those who are announced to enter into the discussions have accepted, and will be present:

1. Discussion on "A Contribution to the Clinical Study of Epilepsy," will be opened by Professor William Pepper, of Pennsylvania. Dr. Roberts Bartholow, Pa.; Dr. Horatio Wood, Pa.; Dr. J. S. Jewell, Ill.; Dr. James T. Whittaker, Ohio; Dr. O. P. Hooper, Ark.; Dr. Eugene Grissom, N. C.; Dr. James E. Reeves, W. Va.; Dr. T. B. Lester, Kansas; Dr. Joseph P. Logan, Ga.; Dr. W. K. Bowling, Tenn.; Dr. John S. Moore, Mo.; Dr. James F. Hibbard, Ind.; Dr. J. J. Caldwell, Md.; Dr. John A. Murphy, Ohio; and Dr. A. P. Grinnell, Vt., are expected to take part.

2. A discussion on the "Clinical Study of the Heart Sounds," will be opened by Professor Austin Flint, Sr., of New York. Dr. Edward Janeway, N, Y.; Dr. William Pepper, Pa.; Dr. Frederick C. Shattuck, Mass.; Dr. John H. Bemiss, La.: Dr. James Wilson, Pa.; Dr. Richard McSherry, Md.; Dr. James R. Leaming, N. Y.; Dr. John S. Lynch, Md.; and Dr. A. B. Palmer, Mich., are expected to take part.

3. A discussion on "Tuberculosis" will be opened by Dr. Henry F. Formad, of Pennsylvania. Dr. Austin Flint, Sr., N. Y.; Dr. William Welch, N. Y.; Dr. N. S. Davis, Ill.; Dr. George M. Sternberg, U. S. A.; Dr. S. Fitz, Mass.; Dr. Henry O. Marcy, Mass.; Dr. James Tyson, Pa.; Dr. Edward Janeway, N. Y.; Dr. Charles Dennison, Col.; Dr. Henry F. Campbell, Ga.; Dr. W. T. Belfield, Ill.; Dr. Alonzo Garcelon, Me.: Dr. E. O. Shakespeare, Pa.; Dr. G. C. Smythe, Ind.; Dr. Harold C. Ernst, Mass.; Dr. W. E. Geddings, S. C.; Dr. Traill Green, Pa.; and Dr. John Lynch, Md., will take part.

The following papers are also promised:

Ayres, S. G., M. D., Theory and Instrument of Diagnosis.

Bartholow, Roberts, M. D., subject to be announced later.

Crawford, S. K., M. D., Etiology of Enteric Fever.

Duhring, Louis A., M. D., Dermatitis Herpetiformis.

Flint, Austin, Jr., M. D., Dietetic Treatment of Diabetes Mellitus.

Green, Traill, M. D., The New Officinal Chlorate.

Griswold, Gaspar, M. D., Irregular Apoplectic Attacks from Other Causes than Hemorrhage and Embolism.

Janeway, Edward, M. D., Simulation of Pathognomonic Signs and Symptoms.

Jackson, S. K., M. D., Typhoid Fever.

Keyt, A. T., M. D., Retardation of the Pulse in Mitral Insufficiency.

Linn, G. A., M. D., Specific Treatment of Diphtheria and Croup.

Marcy, Alexander, Jr., M. D., Muscular Hypertrophy of the Stomach.

Marcy, Henry O., M. D., The Germ Theory of Disease.

Miller, J. P., M. D., Phthisis, its Successful Treatment.

Prentiss, D. W., M. D., 1. Importance of Uniformity in the Pharmacopœia. 2. A Plea for Greater Interest in the Pharmacopœia on the Part of Physicians.

Reed, R. Harvey, M. D., Irritation of the Capsule of Glisson.

Schenck, W. L., M. D., Occult Causes of Disease.

Tyson, James, M. D., The Milk Treatment of Disease.

Welch, Wm. H., M. D., Pathology of Myocarditis.

Whittaker, James T., M. D., The Etiology of Pericarditis.

Wilson, James, M. D., The Diagnosis of Tumors of the Anterior Mediastinum.

Chemistry in China.

The Chinese have begun to adopt the Western chemical science, and a factory has recently been erected for the manufacture of sulphuric acid on a large scale. Two well-known chemical textbooks, Malgutti's "Elementary Chemistry," and Fresenius' "Chemical Analysis," have also been translated into Chinese with the help of a great number of new characters, and adopted into the Imperial colleges. His Excellency Tong Sung, First Minister, and a director of the Tung Wen Huan, has taken the work under his immediate patronage, and written a preface for the first of these books.

Burn Brae Private Asylum.

It gives us pleasure to testify to the admirable arrangements of this institution, its healthful location, and the excellent results it obtains. Few alienists in this country equal Dr. Given in long practical experience, and none surpass him in skill and kindliness toward those committed to his charge. The location of the instiution in the immediate vicinity of Philadelphia offers every convenience of access. We would recommend our readers who may be in search of a medical home for patients mentally affected, to address Dr. R. A. Given, Clifton Heights, Pennsylvania.

New York Neurological Society.

At the annual meeting of the New York Neurological Society, held April 1, 1884, the following officers were elected for the ensuing year: President, William J. Morton, M. D.; First Vice President, C. L. Dana, M. D.; Second Vice President, George W. Jacoby, M. D.; Recording Secretary, E. C. Wendt, M. D.; Corresponding Secretary, W. M. Leszynsky, M. D.; Treasurer, E. C. Harwood, M. D.; Councillors, E. C. Seguin, M. D., L. Weber, M. D., T. A. McBride, M. D., W. R. Birdsall, M. D., Graeme M. Hammond, M. D.

Items.

—Where no special cause appears for frequent micturition, this trouble is best treated by passing a weak galvanic current from the lumbar region to the region of the bladder.

—Dr. Stoquart, of Brussels, has employed chrysophanic acid internally in sixty-one cases, comprising eczema, psoriasis, lichen, etc., and reports that fifty-six were complete cures.

—Dr. M. Pargamin reports the reduction of a scrotal hernia by fifteen minutes' faradization and manipulation, when three hours of taxis had signally failed. The tumor was faradized in all directions.

—The Russian government has conferred the grand cordon of the order of St. Stanislaus upon Prof. Frerichs, for the services rendered to Russian students by him in the universities of Breslau and Berlin.

—In the *Pacific Medical and Surgical Journal*, March, 1884, Dr. Julius Rosenstern reports a case of simultaneous ligature of the subclavian and common carotid arteries for aneurism of the innominata—recovery.

—The latest trick in professional advertising in New York city is to write, or have written, a biographical sketch of one's self for some obscure family paper, pay for an extra edition, and have specimen copies of the same distributed upon the thoroughfares.

—The *London Medical Times* calls attention to the excessive mortality from whooping-cough in that city for a number of weeks past, and advocates the establishment of half a dozen small hospitals for children affected with the disease, where they can "be rigidly kept in a temperature like that of a southern health resort."

—Three students of the Harvard Medical School, who recently passed their examinations, are not happy. One wrote an excellent set of papers, the other two copied them word for word, and the examiner ranked them at 98 per cent. He remarked, however, that as the three papers were identical this gave the three but about 33 per cent. each, and as 50 per cent. is required for a diploma, all three were plucked.

OBITUARY NOTICE.

ARTHUR M. WILSON, M. D., PH. D.

Dr. Arthur M. Wilson, son of Dr. Benjamin B. Wilson, died at his father's residence, 1903 Chestnut street, in this city, March 31st, in the 22d year of his age. Dr. Wilson was graduated from the University of Pennsylvania in 1882, taking the degree of Doctor of Philosophy in June of the same year. He immediately entered upon the active duties of his profession, establishing himself in the home in which he grew up to manhood. So favorably was he known and regarded, that his business became at the outset extensive as well as lucrative, placing him at once in a position that most young physicians are obliged to spend years to attain. But his health, never robust, and doubtless impaired by too continued and persistent study during the period of his pupilage, was now unequal to the demands upon it. The inevitable exposure and fatigues of a physician's life developed with him a constantly-recurring tendency to lung congestions, and he found himself unwillingly compelled to abandon his bright professional prospects, and seek a recovery in rest and the care of his family. For a time the efforts of devoted relatives gave hopes of at least a partial restoration; but the past winter has been especially a trying one to invalids, and he passed away peacefully and happily in the earliest bright days of spring.

Dr. Wilson's temperament was amiable and kind, yet dignified and self-asserting. He was enthusiastic in his profession, and of perception and judgment remarkable in one so young.

MARRIAGES.

DAVIS—BEDELL.—At Fortsville, March 13, 1884, by the Rev. E. N. Howe, Marco L. Davis, of Troy, N. Y., and Jennie E. Bedell, daughter of Rev. C. C. Bedell, M. D.

DUNHAM—DOWS.—At the residence of the bride's parents, Wednesday, April 2, 1884, by the Rev. William S. Rainsford, Carroll Dunham, M. D., and Margaret Worcester, daughter of David Dows, all of New York.

MAYGINNES—HALL.—At Mound Valley, Kansas, March 19, 1884, by the Rev. Hugh M'Birney, Niceus W. Mayginnes, M. D., and Flora A. Hall, daughter of the late Rev. Wm. Hall, of the New York Conference.

ROGERS—SLEDGE.—In Como, Miss., March 20, 1884, Dr. S. A. Rogers, of Memphis, and Miss Pattie Sledge, of Como.

WOLFE—HASKELL.—In New Albany, Ind., March 27, 1884, Dr. H. S. Wolfe, of Corydon, and Miss Nealie Haskell, of New Albany.

DEATHS.

ARCHER.—In Pointe Coupee, La., March 17, 1884, of congestion of the brain, Dr. John G. Archer, aged sixty-four years.

CHIPLEY.—In St. Louis, March 16, 1884, Dr. William B. Chipley, in the eighty-fourth year of his age.

CORYELL.—In this city, April 4, 1884, Dr. R. H. Coryell, aged sixty-six years.

KENNEDY.—In New York city, Saturday, March 29, 1884, James Kennedy, M. D., aged eighty-four years.

NEALL.—In this city, March 29, 1884, after a lingering illness, Dr. Samuel W. Neall, aged seventy-six years.

RISING.—At Suffield, N. Y., March 27, 1884, Aretas Rising, M. D., aged eighty-two years, three months, and twelve days.

SMITH.—In Greenville, Ind., March 24, 1884, of paralysis, Dr. Reuben C. Smith, a resident of Floyd county over sixty years, aged eighty-one years.

WILSON.—In this city, March 31, 1884, Dr. Arthur M. Wilson, youngest son of Dr. Benjamin B. and Mara L. Wilson, aged twenty-one years.

WHITE.—In Macon, Ga., Sunday, March 30, 1884, Dr. J. A. White, of Brooklyn.